Government of Saskatchewan

Annual Report 1982-83

Saskatchewan Health

Saskatchewan Hospital Services Plan

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April 1, 1982 to
March 31, 1983

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Highlights for 1982-83

Mr. G. H. Loewen, Executive Director, was appointed as Acting Associate Deputy Minister.

Mr. W. F. Roger, Associate Executive Director, was appointed as Acting Executive Director.

An Apnea Monitor Rental program for parents of infants with breathing problems was approved at the Regina General and Saskatoon University Hospitals.

A Neonatal Development Assessment Clinic was developed at the Regina General to provide for follow up assessment services for children discharged from the Neonatal Intensive Care Unit.

Funding improvements at the Plains Health Centre were provided for Cardiac Services.

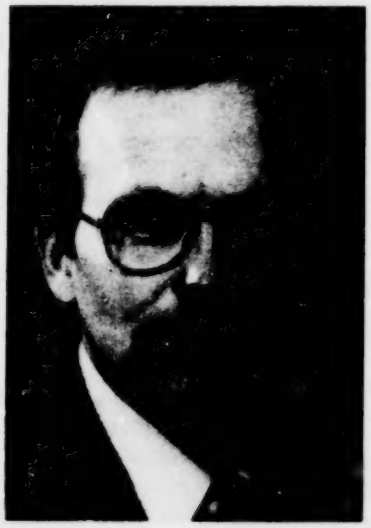
A revised Construction Grant Formula was introduced with an across the board percentage increase in Provincial contribution which includes a Cost-Protection feature.

A renovated Allan Blair Memorial Cancer Clinic was opened in Regina in 1982.

During 1982-83 staffing standards for 77 hospitals participating in the Level 4b program were enriched by 50%.

Graham Taylor
Minister of Health

K. J. Fyke
Deputy Minister of Health



P. A. R. Glynn, Ph.D.
Associate Deputy Minister of Health

W. F. Roger
A/Executive Director
Saskatchewan Hospital Services Plan

Saskatchewan

Minister of Health

Legislative Building
Regina, Canada
S4S 0B3

To The Honourable C. Irwin McIntosh,
Lieutenant Governor of Saskatchewan

May it Please Your Honour:

I have the honour to present the annual report of the Saskatchewan Hospital Services Plan for the fiscal year ended March 31, 1983.

Respectfully submitted,

Graham Taylor,
Minister of Health.

Saskatchewan

Saskatchewan Health — Deputy Minister

3475 Albert Street
Regina, Canada
S4S 6X6

To The Honourable Graham Taylor,
Minister of Health

Sir:

I am pleased to present the annual report of the Saskatchewan Hospital Services Plan for the fiscal year ended March 31, 1983.

Respectfully submitted,

K. J. Fyke,
Deputy Minister of Health.

Organization Structure

In 1982-83, a number of important personnel and organizational structure changes occured in the Plan. Mr. W. F. Roger was appointed Acting Executive Director succeeding Mr. G. H. Loewen, who assumed the position of Acting Associate Deputy Minister. Mr. Roger's acting appointment precluded a permanent appointment to fill the position of Associate Executive Director. The vacancy originating with the resignation of A. E. Sinclair also continued to the end of the fiscal year.

Reporting relationships as at March 31, 1983, were as illustrated in the accompanying organization chart.

The main responsibilities of the various units within the Plan are as follows:

Finance is responsible for the financial planning and control of the Plan's program budget, management of the Saskatchewan Hospitalization Fund, and the administration of The Hospital Revenue Act. This unit is also responsible for the analysis of financial statements and budgets submitted by the various health care facilities in the province.

Hospital Standards is responsible for maintenance of adequate standards in hospitals. This program is carried out through visits to hospitals by standards consultants in the areas of nursing, laboratory, dietary, physical therapy and health records. Consulting services in pharmacy and radiology are also available to the Plan.

Community Health Services is responsible for program planning for the province's community clinics, community health and social centres and private practise physical therapy facilities under contract to the Minister of Health. This unit is responsible for the budget review and allocation of funds to these facilities, and to the Saskatchewan Cancer Foundation.

Hospital Services is responsible for program planning and, through the hospital administration analysts, for the review and allocation of operating funds to all acute care hospitals in the province. The hospital administration analysts are also responsible for liaison with hospitals which are allocated to them on the basis of comparable size and function. To facilitate coordination, the Extended Care Services and Program Monitoring and Statistics units reported through the Hospital Services Unit in 1982-83.

Extended Care Services serves as the primary liaison between the Plan and extended care (level 4) hospital units, as well as the Continuing Care Division, Saskatchewan Social Services, in matters relating to long-term care services.

Program Monitoring and Statistics is responsible for reviewing the effectiveness and efficiency of existing programs. This unit also participates in the design and prospective appraisal of new programs or modifications to existing programs and is also responsible for the maintenance of the Plan's statistics and routine information reporting.

Administrative Services provides general administration services to the Plan, in addition to being responsible for the personnel and procurement functions. This unit also administers provisions of The Union Hospital Act.

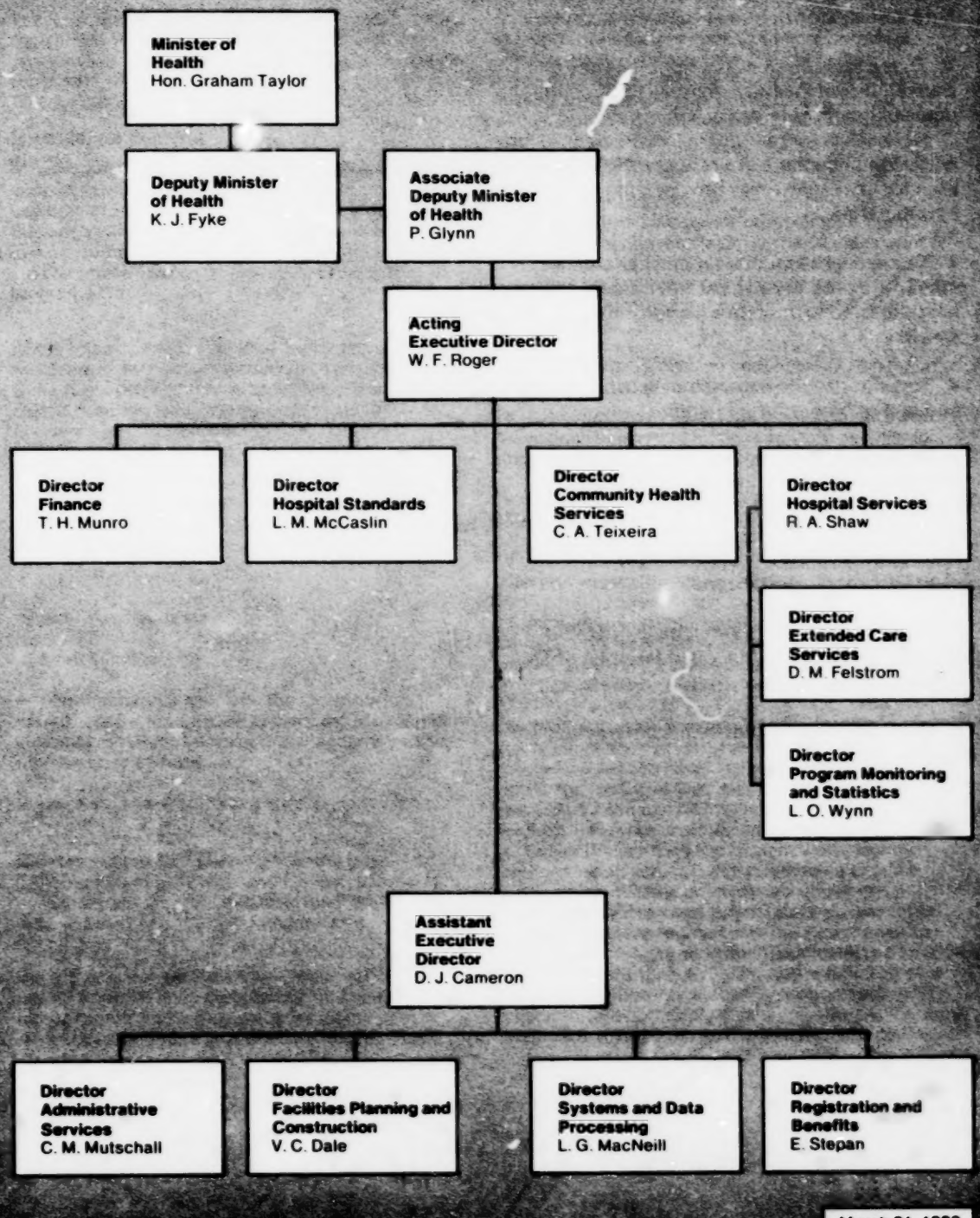
Facilities Planning and Construction is responsible for planning assistance, the review and approval of construction projects, and for the subsequent provision of financial grants.

Systems and Data Processing is responsible for systems design and analysis carried out in the plan. This unit assists the Plan and various branches of the Department in meeting their responsiblities through an extensive information management system. The systems and data processing unit also provides services to other government departments and agencies.

Registration and Benefits is responsible for administering the registration and benefit provisions of The Saskatchewan Hospitalization Act. The unit is responsible for issuing health services cards to eligible residents and providing assistance to residents applying for health care through central and regional offices. The unit also processes all hospital admission-separation records for hospital services provided in the province and outside the province.

The services of a medical consultant are available to the Plan upon request, and assistance is also obtained from the Policy Research and Management Services Branch of Saskatchewan Health in carrying out research and development activities.

Organization Chart



March 31, 1983

Objectives and Responsibilities of the Plan

- To administer the Saskatchewan hospital care insurance program.

- To register residents as beneficiaries of Saskatchewan health programs through the issue of health services cards.

- To fund hospitals at a rate approved by the Plan for necessary care provided to beneficiaries.

- To ensure the maintenance of minimum standards of safety and patient care in hospitals and to provide a limited consulting service.

- To authorize the expansion, improvement or addition of programs in hospitals.

- To fund other approved facilities and programs for insured services provided to beneficiaries.

- To provide planning and financial assistance for hospital construction.

- To provide advisory services to hospitals and municipalities in the administration of The Union Hospital Act.

- To administer the provisions of The Hospital Revenue Act.

Registration and Benefits

Legislative and Regulatory Authority

The Saskatchewan Hospitalization Act and regulations thereunder provide authority for the operations of the province's hospital care insurance program.

Eligibility for Benefits

All permanent residents of Saskatchewan are entitled to receive health service benefits without the payment of a premium. Every permanent resident of Saskatchewan is required to register and participate in the provincial hospital care plan unless benefits are provided under other provincial or federal programs.

After registration with the Plan, benefits for new residents entering Saskatchewan from other parts of Canada are provided from the first day of the third calendar month following the date of establishing residence in the province.

After registration with the Plan, benefits for new residents (see list below) entering Saskatchewan from outside Canada are provided from the date they establish residence in Saskatchewan:

- returning Canadian citizens
- returning residents
- landed immigrants
- non-immigrants which include members of religious orders in Canada to carry out their duties, students or persons engaged in a legitimate trade, profession or occupation
- discharged members of the Canadian Forces

Members of the Canadian Forces, the Royal Canadian Mounted Police and inmates of federal penitentiaries are excluded from the Plan since they receive benefits under federal programs.

Beneficiaries of the Plan who leave the province to reside elsewhere are provided benefits only for the month during which they establish permanent residence elsewhere plus the next two full months.

Permanent residents remain insured during their absence provided they spend a minimum of four months each year in the province. In certain circumstances, residents remain insured while absent for up to one year provided they intend to return to live in Saskatchewan. In such cases residents are asked to notify the Plan of departure and return dates.

Persons who enter into employment contracts for work outside of Canada not exceeding 24 months and who intend to return and reside in the province, may upon presenting the Saskatchewan Hospital Services Plan with a copy of the work contract, be eligible for benefits for the entire period of their employment.

Certain residents become beneficiaries as a result of other provincial programs such as:

- Saskatchewan Assistance Plan recipients who have been nominated for hospital care benefits for the period during which the nomination is effective.
- children in the care of the Minister of Social Services.
- inmates while serving a sentence in a provincial correctional institution.
- inpatients in mental hospitals and persons involuntarily admitted to psychiatric wards within the meaning of The Mental Health Act when requiring the services of an acute care hospital.
- Saskatchewan students who leave the province for full time attendance at an educational institution and who intend to return to reside in Saskatchewan upon completion of their studies are eligible for benefits for the duration of the their studies outside of Saskatchewan. A statement certified by the school or university verifying the student's attendance is required each year. Similarly, residents of other Canadian provinces or territories who enter Saskatchewan to attend an educational institution are not eligible to register with the Saskatchewan Plan. Such persons must maintain health registration in their home province. This policy is followed as a result of a federal-provincial agreement respecting eligibility and portability of hospital and medical care insurance benefits for all Canadian residents.

Registration for Benefits

Applications and assistance in registering are available from the Saskatchewan Hospital Services Plan, Regina, in most city, town, village and rural municipal offices; and from the Saskatchewan Hospital Services Plan regional offices located in Saskatoon, Prince Albert, North Battleford, Yorkton and Swift Current. Health services cards are issued to registered residents at the following times: on application; annually effective January 1 of each year; and when the Plan is advised of a change in the information recorded on the card, such as family composition, date of birth, or address.

Benefits Under the Plan

Benefits are available to beneficiaries without regard to age or pre-existing conditions.

In Saskatchewan, the Plan pays on behalf of inpatient beneficiaries, for most services which are normally provided by hospitals. The Plan also pays on behalf of outpatients for those services which the individual hospital is able to provide. This includes certain community health associations and community health and social centres. In addition, outpatient services provided by certain physical therapy and osteopathy facilities are paid for by the Plan, provided those facilities have entered into an agreement with Saskatchewan Health to provide insured services under the Plan.

In other provinces or territories of Canada the Plan provides to beneficiaries temporarily absent from the province, inpatient standard ward care at the per diem rate established by the provincial or territorial authority having jurisdiction. This benefit is subject to authorized charges prescribed by the applicable authority (described in the following section). The Plan also covers outpatient services provided by an approved hospital. The amount paid by the Plan will be 100 percent of the charge made for a similar outpatient service that is a benefit in Saskatchewan, less any applicable authorized hospital care.

Beneficiaries temporarily absent from Saskatchewan are also entitled to payment for services received outside Canada. The services must be provided by an approved hospital.

Payment for inpatient services provided outside Canada by an approved hospital to a Saskatchewan beneficiary who is temporarily absent from Saskatchewan, is based on the average daily charge to a maximum equal to 100% of the average daily rate for Regina and Saskatoon hospitals in the preceeding year. For the period April 1, 1982 to March 31, 1983, the maximum rate payable was $204 per day.

Where the charges for hospital services received outside Canada are stated in United States currency, payment is made as though the charges had been stated in Canadian currency.

If a beneficiary is referred outside Canada by one of the Saskatchewan Health Agencies indicated below to obtain treatment not available in Saskatchewan, the Plan will pay all fair and reasonable charges, including exchange on U.S. currency. Payment is made only for insured hospital services received. Requests for approval of benefits for out of province referrals must be made by a Saskatchewan specialist physician to the Out-of-Province Committee of the Saskatchewan Medical Care Insurance Commission, the Saskatchewan Cancer Foundation or the Saskatchewan Alcoholism Commission.

Outpatient services provided by an outpatient department of an approved hospital outside Canada are also covered by the Plan provided the services are a benefit within Saskatchewan. Accounts are normally paid by the Plan at the full amount charged by the hospital, less exchange on U.S. currency.

The Plan provides benefits for a limited period of time for persons who establish residence outside Saskatchewan. This coverage is provided to the end of the last day of the second calendar month following the month in which residence was established outside Saskatchewan. Payments will be made on the same basis as those made for beneficiaries temporarily absent from the province who obtain hospital services in other provinces or territories of Canada or outside Canada.

Hospital Authorized Charges

Authorized charges for inpatient or outpatient services, imposed in other provinces or territories of Canada (e.g. British Columbia and Newfoundland) are the responsibility of the patient when hospitalized in those provinces.

Extended Care (Level 4) (Refer also to page 13 of this report)

Patients who have been assessed as requiring Level 4 care and who are occupying hospital beds within Saskatchewan hospitals are not eligible for benefits under The Saskatchewan Hospitalization Act. The patient is personally responsible for payment of a monthly charge assesed by Saskatchewan Social Services. For the period April 1, 1982 to November 30, 1982, the monthly charge was $390 and was increased to $417 for the period December 1, 1982 to March 31, 1983.

Extended care (Level 4) provided to Saskatchewan residents outside of Saskatchewan is not an insured service. The patient is personally responsible for the cost of Level 4 care provided by out-of-province facilities.

Non Benefits Under the Plan

The following services, materials or charges are not insured by the Plan:

- Extended Care (Level 4).

- inpatient and outpatient services provided for reasons other than medical necessity.

- the extra cost of private and semi-private ward accommodation provided:

a) in Saskatchewan when chosen by the patient, not ordered by a physician

b) outside Saskatchewan under any circumstances

- the extra cost of private and semi-private ward accommodation when such accommodation is chosen by the patient and not ordered by a physician

- the services of persons not employed by the hospital

- care in a hospital or home providing custodial care only, or in a hospital or other institution primarily concerned with the care and treatment of patients having mental or nervous disorders

- generally, hospital care involved with cosmetic surgery. However, in certain cases the Plan may provide benefits. The attending physician may obtain information by writing the Saskatchewan Medical Care Insurance Commisssion

- certain drugs, biologicals and related preparations

- outpatient services provided by facilities within Saskatchewan other than hospitals unless the facility has an agreement with Saskatchewan Health to provide insured services under the Plan

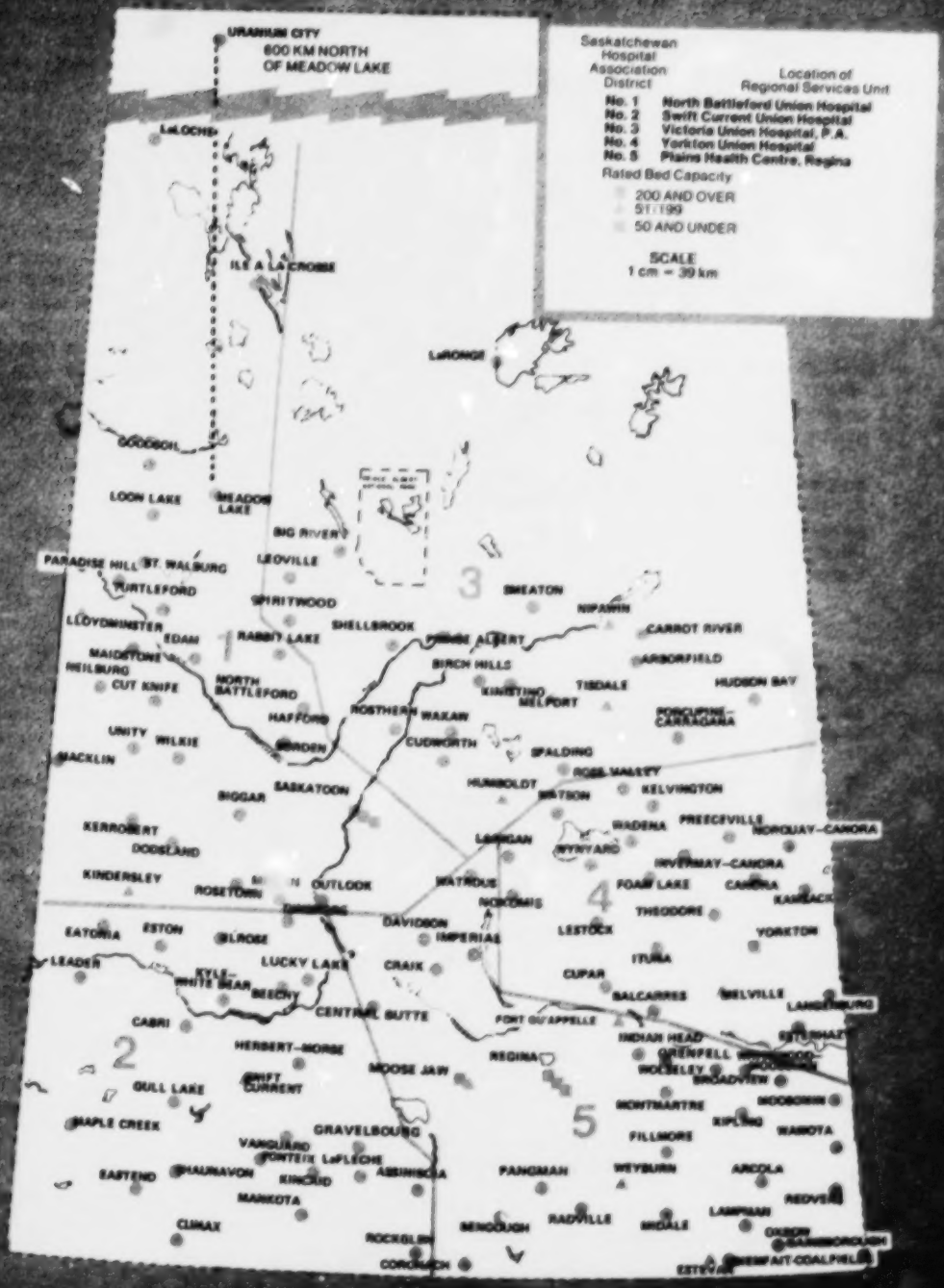
- services rendered by facilities outside Saskatchewan, which are not provided by departments of approved hospitals, e.g. physiotherapy provided by private physical therapists or services provided by a psychiatric facility

- transportation costs (ambulance service), except between hospitals in the same city located in Saskatchewan

- authorized hospital user charges, e.g. co-insurance charges applicable in British Columbia and Newfoundland

- services provided outside Canada for the treatment of cancer involving the use of cancer treatment drugs or procedures not approved in Canada

- take home drugs and appliances.


URANIUM CITY
600 KM NORTH
OF MEADOW LAKE
Saskatchewan Hospital Association District
Location of Regional Services Unit
No. 1 North Battleford Union Hospital
No. 2 Swift Current Union Hospital
No. 3 Victoria Union Hospital, P.A.
No. 4 Yorkton Union Hospital
No. 5 Plains Health Centre, Regina
Rated Bed Capacity
200 AND OVER
51-199
50 AND UNDER
SCALE
1 cm = 39 km
LaLOCHE
ILE A LA CROSSE
LaRONGE
GLOBOCHI
LOON LAKE
MEADOW LAKE
BIG RIVER
PARADISE HILL
ST. WALBURG
LEOVILLE
TURTLEFORD
SPIRITWOOD
SMEATON
NIPAWIN
LLOYDMINSTER
EDAM
RABBIT LAKE
SHELLBROOK
PRINCE ALBERT
CARROT RIVER
MAIDSTONE
BIRCH HILLS
ARBORFIELD
NEILBURG
CUT KNIFE
NORTH BATTLEFORD
KINISTINO
TISDALE
HUDSON BAY
MELFORT
HAFFORD
ROSTHERN
WAKAW
PORCUPINE CARAGANA
UNITY
WILKIE
BRADEN
CUDWORTH
SPALDING
MACKLIN
ROSE VALLEY
HUMBOLDT
KELVINGTON
BIGGAR
SASKATOON
WATSON
WADENA
PRECEVILLE
NORQUAY-CANORA
KERROBERT
DODSLAND
LANIGAN
WYNYARD
IRVINGMAY-CANORA
KINDERSLEY
OUTLOOK
WATROUS
FOAM LAKE
CANORA
ROSETOWN
NORTHMIS
KAMSACK
THEODORE
DAVIDSON
IMPERIAL
LESTOCK
YORKTON
EATONIA
ESTON
BLROSE
LEADER
LUCKY LAKE
CRAIK
ITUNA
KYLE
WHITE BEAR
BEECHY
CUPAR
BALCARRES
MELVILLE
LANGENBURG
CABRI
CENTRAL BUTTE
FORT QU'APPELLE
INDIAN HEAD
GRENFELL
HERBERT-MORSE
REGINA
ROCKSLEY
MOOSE JAW
SWIFT CURRENT
BROADVIEW
GULL LAKE
MONTMARTRE
MAPLE CREEK
GRAVELBOURG
FILLMORE
RAMOTA
VANGUARD
FRONTIER
LaFLECHE
EASTEND
MAURAVON
KINCAID
ASSINIBOIA
PANGMAN
WEYBURN
ARCOLA
MANKOTA
CLIMAX
ROCKGLEN
MENDOUGH
RADVILLE
BRIDALE
LAMPMAN
REDVERS
CORONACH
ESTEVAN
SHEWART-COALFIELD
1
2
3
4
5

Hospital Services

General (Acute) Hospital Care

Legislative and Regulatory Authority

The Hospital Standards Act and regulations thereunder provide the authority for payment to approved hospitals and institutions for services provided to beneficiaries under The Saskatchewan Hospitalization Act.

Method of Payment

The Plan does not provide services to beneficiaries directly. The services which constitute benefits under The Saskatchewan Hospitalization Act are provided by hospitals and a limited number of other facilities. Section 6 of The Saskatchewan Hospitalization Act authorizes the Minister of Health to make payments to hospitals and other facilities providing necessary care to beneficiaries. Almost all hospital care provided by hospitals in Saskatchewan is to beneficiaries of the Plan.

The Plan does not pay hospital accounts for individual beneficiaries who require care. Instead, it pays what it considers to be the reasonable net operating costs to hospitals, that is, the total approved expenditures less revenue from sources other than the Plan. Hospitals supply the services insured by the Plan without charge to beneficiaries.

Semi-monthly payments are made to hospitals by the Plan on the basis of the estimated reasonable cost of providing insured services by each hospital in a fiscal year.

Three primary factors determine the amount paid to each hospital. They are:

- the types of services each hospital should provide.
- the volume of services each should provide.
- the total cost of efficiently providing these services.

The following is a brief description of how each of these factors is assessed by the Plan.

Types of Services

One of the basic objectives of the Plan is to promote the distribution of hospital facilities and services to the people of Saskatchewan as equitably and economically as possible. To accomplish this, the Plan evaluates each hospital in a geographic region to determine the services it is best able to provide, and to ensure that the proper complement of services is available to the people of the region.

The general hospitals in the province are divided into three broad groups according to the types and level of services they are qualified to provide.

District or community hospitals are usually smaller hospitals at which residents of a local area receive basic hospital services.

Regional hospitals provide basic hospital care to residents of their immediate vicinities. They also provide a wider range of services than district or community hospitals, act as referral centres for people from outside their immediate vicinity and assume a limited role in education.

The base hospitals are those located in Regina and Saskatoon. They serve as community hospitals for the population of their immediate areas. They also provide comprehensive hospital services, act as the major referral centres for the province and perform a major role in research and education. Wascana Hospital, a division of the South Saskatchewan Hospital Centre in Regina, provides speciality service in physical rehabilitation.

Volume of Services

Another basic objective of the Plan is to assess the volume of services to be provided by each hospital. To accomplish this, a formula has been developed which is used to determine what the Plan considers to be a reasonable number of approved patient days to be provided by a hospital based on the population and composition of the population it serves.

The formula consists of the following calculations.

1. **Age-Sex Adjustment**

The Plan recognizes that the age and sex of the population of communities served by a particular hospital affects the volume of care, and so needs to be adjusted. By comparing the provincial average utilization by age and sex groupings, with the total average utilization in the province, a ratio for each sex and five-year age group can be calculated. By applying this ratio to the number of persons in each age-sex grouping of a given population (municipality, town, etc.) an age-sex adjusted population for each municipality is produced. If the provincial average utilization for a specific age-sex group is greater than the average for all ages and both sexes, then the ratio would be greater than one (1.0) and the adjusted population will exceed the actual number of persons in this age-sex group. Example:

Number of males in municipality Z in the age group 70-74 = 15

Provincial average utilization experience for all males age 70-74 = 4,800 days per 1,000 covered population.

Provincial average utilization experience for all persons = 1,600 days per 1,000 covered population.

Adjusted number of males in municipality Z in the age group of 70-74 = $\frac{4,800}{1,600}$ X 15 = 45

2. **Population Served**

The age-sex adjusted population count for each municipality is then used to determine the population served by each hospital. For each municipality, the ratio of the number of residents discharged from a particular hospital, to the total number of discharges from all hospitals of persons from that municipality in a year, is determined. This ratio is then used to calculate the adjusted population "credit" for that hospital, and the sum of these credits for each municipality produces the population "served by" that hospital.

Example:

Number of discharges from hospital A of persons from municipality Z = 100

Number of discharges from all hospitals of residents of municipality Z = 300

Total adjusted population of municipality Z = 3,000

Ratio served by hospital A = 100 ÷ 300 = $^1/_3$

Adjusted population credit for hospital A = 3,000 X $^1/_3$ = 1,000.

This is repeated for each municipality in which persons discharged from hospital A reside. The sum of the number of persons served from each municipality is the population served by the hospital.

3. **Average Days of Stay Adjustment**

The population served requires a further adjustment since the average days of stay is not the same for all hospitals. Generally the large hospitals providing care for more complicated cases have a longer average days of stay than the small hospitals. Hospitals are therefore grouped by bed size, and the ratio of the average days of stay for hospitals in the group, to the average days of stay for all hospitals in the province, is calculated. The population served for a given hospital is then multiplied by the ratio for its group and so adjusted for length of stay.

Example:

If for the bed size group 10-24 beds, the average days of stay is 6.8 days and for all hospitals it is 8.2 days, then for each hospital in this group the population served is multiplied by the fraction 6.8 over 8.2, and is thus reduced to allow for the shorter than average days of stay experienced in hospitals in this bed size group.

4. **Determination of Approved Patient Days**

The population served, adjusted for average days of stay, is then multiplied by an approved beds per thousand population factor, to determine the approved patient days. This formula incorporates separate factors for Registered Indian and non-Indian population, to adjust for the high utilization rate experienced by Registered Indians (see Appendix E 2).

Since July 1, 1976, the volume of inpatient services approved by the Plan for the non-Indian population has been based on the average 5.03 persons per thousand adjusted non-Indian population requiring hospital care per day. For the Registered Indian population, the formula assumes an average of 12.9 persons per thousand adjusted Indian population requiring hospital care per day.

An estimate of those patient days which are not the responsibility of the Plan but which are provided by the hospital, is added to establish the total number of approved patient days.

Example:

Assume a hospital served the following adjusted population (i.e. population adjusted for age-sex and average days of stay).

Non-Indian — 20,000
Indian — 2,000

Also assume non-SHSP days estimated at 500. The approved number of patient days would be calculated as follows.

$$\frac{(20,000 \times 5.03)}{1,000} + \frac{(2,000 \times 12.9)}{1,000} \times 365 + 500 = 46,636$$

or an average of 127.8 (46,636 ÷ 365) patients per day.

The number of patient days of care actually provided by a hospital may vary from the approved patient days determined by the application of the formula. The approved patient days, as determined by the application of the formula, represents the maximum volume that will be approved by the Plan. Where hospitals provide a lower volume, the actual experience is approved.

Cost of Providing the Services

The Plan determines the number of patient days approved for each hospital and advises the hospital of the number prior to the beginning of that budget year. Each hospital then submits an operating budget for the year based on this information.

The hospital may submit a supplementary budget for new services which it would like to provide in the coming year. If approved by the plan additional funds will be provided for these services.

Each hospital budget is reviewed by the Plan on the basis of providing a reasonable level of funding for the volume and type of service the hospital is expected to provide.

The Plan's portion of the net approved expenditures less estimated income, is paid to each hospital in equal semi-monthly sums.

Global Budgeting

The global budget concept is one which allows the hospital flexibility in the allocation of the approved operating budget. It is intended to encourage hospitals to utilize their resources in an efficient and effective manner yet maintain acceptable standards of patient care.

When a hospital initially adopts the global budget system, the baseline (approved gross operating expenditures) is established on a line-by-line basis.

In subsequent years of the global budget cycle, the baseline (excluding line-by-line items) is increased by a composite percentage to provide for anticipated increases in the costs of hospital operation.

A year-end review is carried out by the Plan and adjustments are made for the line-by-line items, increases or decreases in incomes, and for significant increases or decreases in volumes of services.

Under a surplus sharing formula, hospitals are permitted to retain a certain amount of any operating surplus that may occur.

A global budget liaison committee consisting of representation from hospitals and the Plan has been established for the following purposes:

- to recommend policies and procedures as they relate to the global budget review system.
- to review and assess the application of the global budget review system.
- to provide an evaluation of the global budget review system.

1982-83 was the third year of the current three year global budget cycle.

As a general rule, the global budget system is mandatory for all hospitals with an average daily census of 100 or more. It is optional for all other hospitals. In 1982-83, 18 hospitals participated in the global budget system.

Major Activities and Development

Apnea Monitor Rental Programs

Funds were approved to enable the Regina General Hospital to acquire apnea monitors for rental at reduced cost to parents of infants with breathing problems.

Neonatal Developmental Assessment Clinic

Funds were approved to allow the Regina General Hospital to establish a Neonatal Development Assessment Clinic. The Clinic will provide follow-up assessment services for children discharged from the Neonatal Intensive Care Unit.

Cardiac Services in Regina

Funding improvements were provided for cardiac services at the Plains Health Centre in Regina.

Level 4 Services in Rural Hospitals

The staffing standard for nursing care was enriched by fifty percent, 77 hospitals received staffing enrichments under this program.

Minister's Advisory Committee on Hospital Services

The Minister's Advisory Committee consists of representatives from the Saskatchewan Health-Care Association, the Saskatchewan Medical Association, the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Association of Health Care Executives, The Saskatchewan Registered Nurses' Association and SHSP. The committee was formed to secure informed advisory input into hospital programs and services from agencies actively involved in the hospital field.

Extended Care

Definition

Extended care (Level 4) services involve the provision of patient care on a long-term continuing basis under medical supervision. Nursing care is provided under professional nursing supervision and highly skilled technical nursing services must be readily available.

There are three classifications of Level 4 care:

Level 4a: Specialized Supervisory Care — emphasizes the management of advanced mental deterioration with its attendant problems. Physical conditions requiring continuing medical supervision are likely to co-exist.

Level 4b: Supportive Care — emphasizes skilled nursing care and specialized techniques to arrest or retard physical deterioration.

Level 4c: Restorative Care — emphasizes a restorative program designed to improve functional ability to the extent that the patient may return to the home or to a facility providing a lesser level of care.

In 1982 there were 119,485 people or 11.94 percent of Saskatchewan residents over 65 years of age. Recent population projections indicate the over 65 year age group in Saskatchewan will continue to increase both as a percentage of the total population and in absolute numbers. The majority of Level 4 patients are in the 65 year and over age group.

Policy

Effective July 1, 1981, Saskatchewan Social Services assumed responsibility for the provision of extended care (Level 4) services through its Continuing Care Division.

Level 4 beds are available in extended care facilities such as the Parkland Regional Care Centre at Melfort, Palliser Regional Care Centre at Swift Current, Souris Valley Regional Care Centre at Weyburn, Frank Eliason Centre and the Sanitorium at Saskatoon, Battlefords Regional Care Centre at North Battleford, all of which come under the jurisdiction of Saskatchewan Social Services.

Regional extended care (Level 4) units are located in four Saskatchewan hospitals, namely the Yorkton Union, Prince Albert Victoria Union, Moose Jaw Providence and Wascana Hospital in Regina. Other designated units are identified in Table 1.

Community hospitals, located in centres without a regional extended care hospital, have the option of allocating up to two beds for Level 4(b) services, with incremental funding provided by SHSP. These hospitals can also provide additional Level 4 services through conversion of approved Level 6 beds. As of March 31, 1983, 77 community hospitals allotted 151 beds for Level 4 care. There are an additional 219 Level 4 patients occupying acute care beds who are awaiting transfer to designated Level 4 beds.

Admission and Discharge Arrangements

Admission of patients to Level 4 beds, including the Level 4b beds in local community hospitals, is made through an admission and discharge committee established for each regional Level 4 facility. All applications originate from the patient's attending physician and if the assessment of the committee confirms the medical opinion of the patient's attending physician that he or she requires Level 4 care, then such care can be provided in an approved facility.

Level 4 Beds in Saskatchewan

The following table lists the Level 4 facilities and beds presently available within the province.

Table 1
Extended Care (Level 4) Facilities
(as of March 31, 1983)

Area	Hospital	Number of beds
Regina*	Wascana, Regina General, Plains and Pasqua Hospitals	166
Saskatoon**	Frank Eliason Centre and Sanitorium	174
Swift Current	Palliser Hospital	122
Melfort	Parkland Hospital	120
Prince Albert***	Victoria Union Hospital and Holy Family Hospital	84
Yorkton****	Yorkton Union Hospital, St. Peter's Hospital, Melville	70
Weyburn	Souris Valley Extended Care Hospital	310
Moose Jaw	Providence Hospital	42
North Battleford	Battlefords Regional Care Centre	89
Community Hospitals		151
	Total Beds	1,328*****

* Includes 131 level 4 beds at Wascana, 25 at Regina General, and 10 at Pasqua.
** Includes 64 level 4 beds at the Sanatorium and 110 level 4 beds at the Frank Eliason Centre.
*** Includes 69 level 4 beds at Prince Albert Victoria and 15 at Holy Family.
**** Includes 60 level 4 beds at Yorkton Union and 10 level 4 beds at St. Peter's, Melville.
***** Does not include 219 level 4 patients occupying acute care beds.

Camp Easter Seal

This camp has been in operation since 1974, permitting up to 45 institutionalized Level 4 patients to enjoy a summer camping experience. It is believed to be the only camping program of its kind in North America available to such severely disabled persons, providing both recreational and therapeutic benefits. The camp is operated by the Saskatchewan Council for Crippled Children and Adults (SCCC&A) with financial support provided by the Plan.

Hospital Standards

Legislative and Regulatory Authority

The Hospital Standards Act is the primary legislation which governs the standards of patient care provided by Saskatchewan hospitals.

The Act includes a section which provides the authority for the inspection of hospitals to ensure that minimum standards of patient care and safety are maintained in their operation, maintenance and management.

Regulations under the Act establish specific requirements in the areas of:

- hospital management and administration
- health records
- radiology, laboratory, physical therapy, pharmacy and dietary services
- medical, dental and nursing staff
- surgical operations, anaesthesia, infections/communicable disease control, and required procedures for pregnant women and newborns
- physical facilities
- hospital staff
- hospital bylaws, fire safety and disaster plans
- other matters affecting hospitals.

Standards of Patient Care

The major responsibility for ensuring the maintenance of acceptable standards of safety and patient care by hospitals rests with the hospital standards division of the Plan. This division employs consultants with special training and expertise in the disciplines of nursing, dietetics, health records, laboratory and physiotherapy, with part time assistance in pharmacy and radiology. These consultants visit hospitals on a routine basis to ensure that acceptable standards of safety and patient care are maintained in the entire spectrum of hospital services. Special attention is paid to quality and safety of hospital services provided to patients as well as compliance with existing legislation and adoption of acceptable professional practices and techniques.

Recommendations arising out of these visits may comment on such areas as departmental activity and organization, desirable staffing standards, functional programs and economics of hospital operations. The implementation and follow up on recommendations is a responsibility jointly shared by the hospital administration analysts and the hospital standards consultants.

Other responsibilities of the hospital standards consultants, in addition to the field program, include:

- provision of consulting service to hospitals in the areas of their clinical expertise
- internal consulting duties to other divisions of the Plan
- special projects or studies
- liaison with professional organizations and Health Care Agencies.

A limited consulting service is also made available to hospitals by regional service units, the Saskatchewan Health-Care Association and private consultants.

Inspections relating to maintenance of fire safety standards in hospitals are carried out by inspectors from the Provincial Fire Commissioner's Office, and health inspectors make annual visits to review hospital sanitation. In all cases, each area of hospital operation is reviewed by those individuals who are most qualified and competent to do so.

Further influence on the standards of hospital management is effected through a periodic review of the general and medical staff bylaws of hospitals by the Plan's staff. In addition, hospitals must have formal procedures for the implementation of disaster plans and fire drills and these must be reviewed annually and exercised periodically.

Although the overall responsibility for processing construction projects rests with the Plan's facilities planning and construction division, hospital standards consultants and hospital administration analysts review and assess architectural plans for all hospital renovations or new construction projects. Such reviews are undertaken to ensure that the physical facilities are adequate for providing a suitable level of service with respect to function, safety and efficiency of operation.

Facilities Planning and Construction

Legislative and Regulatory Authority

Regulations under The Hospital Standards Act state that no building shall be constructed or acquired for hospital purposes and no hospital shall be altered by enlarging or remodelling until prior approval has been obtained from the Minister of Health.

The Health Services Act empowers the Minister of Health to make grants, subsidies or loans to local governing authorities, hospital boards and health regions for the provision and operation of health services or public health services.

Responsibility

The Plan is the agency responsible for reviewing all proposals submitted for hospital construction projects, and for administering a program of financial assistance in the form of provincial construction grants. The Plan also provides information and advice to health care organizations, hospital boards and other government agencies on matters related to planning, finance and the development of hospital facilities in Saskatchewan.

Construction Grants

Provincial grant assistance is provided to help finance the cost of approved hospital construction and renovation projects costing in excess of $10,000. Projects costing less than $10,000 are not eligible for grant assistance except where desirable operating efficiencies can be achieved and a saving in operating costs would result.

The grant formula for hospital construction is scaled according to the function of the hospital. Public general hospitals in the province are categorized as base, regional and community by function, and are eligible to receive construction grant assistance in the following percentages:

- Base Hospital — under discussion.
- Regional Hospital — 70 per cent of approved capital budget.
- Large Community Hospital (50 or more ADC) — 60 per cent of approved capital budget.
- Small Community Hospital (up to 50 ADC) — 50 per cent of approved capital budget.

Under certain circumstances it is possible for hospitals engaged in major construction to qualify for an additional grant, known as the Cost Protection Grant to supplement the Basic Provincial Grant mentioned earlier. The new policy recognizes that while construction costs are similar from one district to another, local ability to pay is governed by the current equalized assessment. Consequently, eligibility for the new Cost Protection Grant will occur when, after calculating the Basic Provincial Grant, and after adding grants from federal or other provincial government agencies or crown corporations, the hospital's principal portion remaining exceeds an amount equivalent to five mills over a period of 10 years.

In essence, approved costs over that amount (5 mills x 10 years) will be assumed by the province, while lesser amounts are the responsiblity of the hospital.

The new Cost Protection formula will be applied using the most current equalized assessment information available from the Local Government Board at the time of tender award.

Religious hospitals have no direct taxing authority to support capital projects. A new Cost Protection formula has therefore been designed for this group of hospitals. Eligibility for cost protection will occur when, after calculating the basic provincial grant, and after adding grants from federal or other provincial government agencies or crown corporations, the hospital's portion remaining exceeds $500,000. If the hospital's share exceeds $500,000, the province will share all costs over that amount on a 50%/50% basis.

Community health and social centres are eligible to receive construction grant assistance equal to 60 per cent of the approved capital cost, up to a maximum provincial grant of $27,000. These funds can be used for renovating an existing facility or for new construction.

Major Activities and Developments

- A 20 million dollar extension to the Pasqua Hospital, Regina, will be completed in 1983. This extension is Package 2 of the regeneration project at this hospital, and provides expansion of patient care and service space.
- Work on the Package 3 superstructure and enclosure, with an estimated value of $6 million, at the Pasqua Hospital, Regina, is underway and scheduled for completion in 1983. The tender call for the remainder of this major phase of construction is anticipated in 1983. This package will provide diagnostic and treatment areas and inpatient nursing units.
- The Allan Blair Memorial Cancer Clinic at the Pasqua Hospital was opened in 1982. This clinic, constructed at a cost of $1.4 million, provides facilities for cancer detection and treatment.
- During the year a number of projects in the phased multi-million dollar renovation program in the original buildings of University Hospital were completed or underway. Included were a new autopsy suite, pharmacy department, rehabilitation wards, psychiatric research facilities and business offices. Various new clinical offices and examination rooms and Ellis Hall were brought into service. A major upgrading of the mechanical and electrical systems in Ellis Hall was completed. New laboratories and wards were in the advanced planning stage during 1982-83. A major upgrading of elevators and roofs is scheduled.
- A youth resource centre and a group home for the Saskatoon community based adolescent psychiatric program were brought into service following extensive renovations to the properties purchased to expand the program.
- St. Paul's Hospital, Saskatoon, continued planning activities for a contemplated major expansion and renovation project.

- Saskatoon City Hospital made further progress in developing plans for a proposed new facility.

- The joint Saskatoon Hospital Facilities Planning Committee, representative of the boards, administration, and medical staffs of University, City and St. Paul's Hospitals completed a comprehensive report addressing future planning of hospital services in Saskatoon. The recommendations contained in the report, which was publicly released, are under review.

- A role study and master program were completed at St. Joseph's Hospital, Estevan.

- Major renovation projects were completed at:

  — Moose Jaw Providence Hospital — to accommodate the installation of a new pathological incinerator.

  — Oxbow Union Hospital — to upgrade structural deficiencies.

  — Davidson Union Hospital — to generally upgrade facilities.

- Planning and design work was underway for new hospitals at Lloydminster, Nipawin and Cut Knife. Major renovation and extension programs were in the planning stages at Yorkton and Melfort.

The Union Hospital Act

The Union Hospital Act enables neighbouring geographical areas which lack a sufficiently large tax base to finance expenditures on their own to join together in order that, collectively, they will have the financial means to maintain support of a local hospital. Areas taking formal action to organize in this manner become known as Union Hospital Districts.

Within each district, the participating municipalities appoint local representatives to the union hospital district board based on the equalized assessment of each municipality. In districts where substantial utilization of a hospital by Indians is a factor, the appointment of one or more Indians to the board may be approved by the Lieutenant Governor in Council.

Once the hospital district has been established, the Act enables the hospital board to either:

1. build and maintain a new hospital;

2. purchase, lease or take over by other means an existing hospital and maintain the operation of it; or

3. make grants to a hospital without owning it, in order to enable it to maintain a high standard of hospital care.

This third option exempts the participating municipalities of the district from making contributions under The Hospital Revenue Act, provided that the annual grants made are equal to, or greater than, the revenue which would have been derived from the hospital revenue tax had it been levied.

There are provisions in the Act for altering the composition of the district, dissolving a district or amalgamating two or more existing districts. Such changes are initiated at the local level but follow established procedures in keeping with requirements of the Act, under guidance of the Plan's personnel, who provide a counselling service to members of hospital boards and municipal councils for interpreting The Union Hospital Act and implementing its provisions.

In 1982-83, Union Hospital Districts centred on Arcola, Coronach, Hudson Bay, Leoville, Porcupine Plain and Spiritwood were redefined. As at March 31, 1983, there were 116 established Union Hospital Districts in the province.

The Saskatchewan Hospital Services Plan pays all reasonable expenses incurred in the daily operation of hospitals. Hospitals are, however, responsible for providing the funds for such items as capital reserves, minor capital expenditures and operating deficits. In addition, when a hospital is involved in a renovation and/or new construction program, it is required to finance the difference between the total cost of the project and the amount available from provincial grants. In certain special circumstances, federal grants are also available for hospital construction projects.

The Hospital Revenue Act

The Hospital Revenue Act requires all municipalities or portions thereof, which are not subject to taxation for hospital support, to pay an annual hospital revenue tax, equivalent to two mills on their equalized assessment for the preceding year, to the Minister of Revenue, Supply and Services. This tax has been levied since 1966. A discount of five per cent may be deducted if the tax is paid by December 31 of each year.

All money collected is disbursed to Saskatchewan hospitals prior to March 31 of the following year in accordance with a formula defined in the regulations under the Act.

The regulations incorporate the principle that all disbursements shall be related to the utilization of hospitals by the residents of the municipalities which are paying the tax. A weighting factor in determining utilization is used to offset inequities which handicap certain hospitals. Hospitals located in districts where the residents of the district are exempt under the Act by reason of their contribution to another hospital in the same district that has tax requisitioning

authority, receive special recognition for the days of care provided to these residents. A few hospitals in the northern part of the province received special recognition for all days of care provided to residents.

A municipality or portion of a municipality, presently taxed under this Act, can become exempt by:

- joining a union hospital district where the board of the hospital district is operating a hospital for the provision of services to inpatients or where the board has entered into an agreement with a hospital or hospitals for a period of at least five years, whereby the board is required to make annual grants to the hospital at least equivalent to the amount that the municipalities in the hospital district would be required to pay to the Minister of Revenue, Supply and Services under the Act; or

- entering into a five year agreement with one or more hospitals, or a hospital and a corporation or person operating a community health and social centre, whereby the municipality is required to make annual grants at least equivalent to the amount that the municipality would be required to pay to the Minister of Revenue, Supply and Services under the Act.

Table II
Summary of Activity under
The Hospital Revenue Act

(Selected years 1966 to 1982)

Year	Number of municipalities subject to the tax	Amount received by Minister of Revenue, Supply and Services	Number of hospitals receiving payments
1966	219	$391,848	75
1970	132	251,086	56
1975	113	234,098	50
1980	112	281,659	49
1981	114	292,155	50
1982	111	305,242	44*

* See Appendix A-1 for details of grants paid to hospitals under The Hospital Revenue Act in 1982-83.

Federal-Provincial Fiscal Arrangement and Established Programs Financing Act

Commencing April 1, 1977, the financing of hospital insurance was transferred to the Federal-Provincial Fiscal Arrangement and Established Programs Financing Act, 1977 (Canada). Saskatchewan Health is responsible for administering the program under the Hospital Insurance and Diagnostic Services Act and Saskatchewan Finance is responsible for administering the cost sharing arrangements under the Established Programs Financing Act.

Canadian Council on Hospital Accreditation

The Canadian Council on Hospital Accreditation is responsible for the operation of a voluntary program of hospital accreditation. The membership of the council is composed of representatives from national hospital, medical, and nursing associations.

Accreditation indicates that the hospitals' standards meet recognized requirements as applied to hospitals across Canada. Standards are outlined in The Accreditation Guide Book which is available from the executive offices of the council, located at 1815 Alta Vista Drive, Ottawa, Ontario K1G 3Y6.

The Plan does not require Saskatchewan hospitals to be accredited, although it does encourage hospitals to achieve accreditation status. When hospitals have been surveyed by the accreditation council the cost of each survey is recognized subject to the hospital sending a copy of the accreditation report to the Plan.

Accreditation status may be granted to hospitals for one, two or three year periods, following which a further survey is required to obtain re-accreditation.

The following table lists all Saskatchewan hospitals which were accredited or provisionally accredited as of March 31, 1983, that is 52 hospitals with a rated bed capacity of 5,534.

Table V
Accredited and Provisionally Accredited Hospitals in Saskatchewan
as at March 31, 1983

Assiniboia
Assiniboia Union Hospital

Balcarres
Balcarres Union Hospital

Biggar
Biggar Union Hospital

Birch Hills
Birch Hills Memorial Union Hospital

Cabri
Cabri Union Hospital

Canora
Canora Union Hospital

Central Butte
Central Butte Union Hospital

Cudworth
St. Michael's Hospital

Esterhazy
St. Anthony's Hospital

Estevan
St. Joseph's Hospital

Eston
Eston Union Hospital

Fort Qu'Appelle
Fort Qu'Appelle Indian Hospital

Gravelbourg
St. Joseph's Hospital

Humboldt
St. Elizabeth's Hospital

Imperial
Imperial Union Hospital

Kamsack
Kamsack Union Hospital

Kerrobert
Kerrobert Union Hospital

Kindersley
Kindersley Union Hospital

Langenburg
Langenburg Union Hospital

Lestock
St. Joseph's Union Hospital

Lloydminster
Lloydminster Hospital

Lucky Lake
Lucky Lake Union Hospital

Macklin
St. Joseph's Hospital

Meadow Lake
Meadow Lake Union Hospital

Melfort
Melfort Union Hospital

Melville
St. Peter's Hospital

Moose Jaw
Moose Jaw Union Hospital
Providence Hospital

Moosomin
Moosomin Union Hospital
Moosomin-Whitewood Union Hospital

Neilburg
Neilburg & District Union Hospital

Nipawin
Nipawin Union Hospital

North Battleford
Battlefords Union Hospital

Preeceville
Preeceville Union Hospital

Prince Albert
Holy Family Hospital
Victoria Union Hospital

Radville
Radville Community Hospital

Regina
South Saskatchewan Hospital Centre
— Plains Health Centre
— Pasqua Hospital
— Wascana Hospital
Regina General Hospital

Rosetown
Rosetown Union Hospital

Rosthern
Rosthern Union Hospital

Saskatoon
St. Paul's Hospital (Grey Nuns') of Saskatoon
Saskatoon City Hospital
University Hospital

Shellbrook
Shellbrook Union Hospital

Swift Current
Swift Current Union Hospital

Turtleford
Riverside Memorial Union Hospital

Wakaw
Wakaw Union Hospital

Wilkie
Wilkie Union Hospital

Yorkton
Yorkton Union Hospital

Other Facilities and Programs

In addition to providing grants to hospitals for operating and capital expenditures, the Saskatchewan Hospital Services Plan also provides funds directly, or through grants to hospitals, to various other programs and activities. These programs are described in this section.

Saskatchewan Health-Care Association

Established in 1918, the Saskatchewan Health-Care Association is the representative non-profit body of health-care providers in Saskatchewan, and was formerly known as the Saskatchewan Hospital Association.

All organizations which provide direct health care services to members of the public are eligible for membership in the Association, as well as organizations which provide health or health-related services, and whose prime purpose is to improve health care.

The purposes of the Association are to develop and improve a comprehensive health system in the Province of Saskatchewan by:

- bringing together all elements of the health system for discussion and concerted action.
- through co-ordination and integration seek to achieve the highest quality service and most efficient use of resources.
- to present the collective views of the membership to government and regulatory agencies and other representative bodies.
- to provide a complete range of services to members.
- to encourage participation in recognized accreditation and licencing processes.
- to develop appropriate relationships with provincial and national associations with similar purposes and goals.
- to keep abreast of new developments in health care in other areas which would be applicable to Saskatchewan.

Association policies are established by a Board of Directors elected or appointed from all parts of the province and are implemented by a staff of twenty-three.

The Association maintains liaison with Saskatchewan Health and ongoing liaison with the College of Physicians and Surgeons, the College of Medicine, the Saskatchewan Registered Nurses' Association and other health related agencies.

The Association provides consulting services in employee relations as the SHA negotiates agreements on behalf of the membership and recommends the negotiated agreements to them for their approval. It also provides assistance in interpreting negotiated agreements and represents the members at hearings before the Labour Relations Board.

Through its education department, the Saskatchewan Health-Care Association identifies the educational needs of its membership and promotes continuing education for trustees as well as staff of member institutions. This department also assumes responsibility for providing career information, audio-visual materials, and through its Newsletter keeps the membership informed on matters of interest to the health service sector.

The Saskatchewan Health-Care Association provides centrally administered employee benefit programs: the SHA Pension Plan, the SHA Group Life Insurance Program, and the SHA Disability Income Plan.

The Association acts as a central paying agency for member hospitals participating in the computerized accounts payable program.

The Shared Systems Department provides direction for computer systems development and operation to Saskatchewan Health-Care Association members through a co-ordinated and rational approach utilizing expertise from all segments of the health industry. Continuous monitoring and updating of computer activities is provided by the Association through the Systems Management Committee and the Shared Systems Committee, two standing committees of the Saskatchewan Health-Care Association.

The Group Purchasing Department provides a group purchasing and tendering program for member institutions to contain escalating costs in the health-care field in Saskatchewan. Current programs include general supplies and pharmaceutical purchasing. In addition, a Replacement Linen program and Capital Equipment program was initiated in 1980.

The Association also administers the rural summer medical extern program (third year medical students) for Saskatchewan Health.

Membership in the Association in 1982 includes 113 acute care hospitals, 7 rehabilitation and extended care facilities, 95 special care homes (Category A - 70; Category B - 12; Category C - 13), 27 home care boards, 12 road ambulance boards, and 38 other agencies, associations and authorities.

Saskatchewan Cancer Foundation

The Saskatchewan Cancer Foundation, established in August 1979, obtains its legislative and regulatory authority from the Saskatchewan Cancer Foundation Act. The Foundation replaced the Commission which existed up until July 31, 1979.

The Foundation maintains two outpatient clinics, the Allan Blair Memorial Clinic in Regina and the Saskatoon Cancer Clinic. The two clinics provide a means for consolidation and co-ordination of the cancer control program.

To be eligible for benefits under the cancer program, a patient must have been a resident of the province for three months and be admitted to a clinic. For landed immigrants and residents returning to Canada under special circumstances, this period is reduced to one day.

There is no charge to patients for diagnostic and treatment services received at the Cancer Clinics. In addition, the Saskatchewan Cancer Foundation pays for medical and surgical services provided by physicians in private practice, in-hospital drugs, and certain outpatient drugs used in the active treatment of cancer. Patients receiving cancer services outside the province are reimbursed at the same rates as if the service was provided in Saskatchewan. If a patient is referred out of the province by a Cancer Clinic for treatment not available in Saskatchewan, the Commission pays the medical expenses incurred.

The Saskatchewan Hospital Services Plan administered an appropriation of $11,825,000 for cancer services in 1982-83.

The Foundation publishes its own annual report. Copies are available from the Saskatchewan Cancer Foundation, Suite 400-2631 28th Avenue, Regina, Saskatchewan S4S 6X3.

Canadian Red Cross Society

The Plan insures 100% of the technical costs of the blood transfusion services of the Canadian Red Cross Society and 80% of the donor recruitment costs of the centres operated in Regina and Saskatoon. The cost of blood fractionation products and the crossmatching service supplied to hospitals in Saskatchewan is also insured. From April 1, 1982 to March 31, 1983, the Plan paid $4,136,432 to the Canadian Red Cross Society for the provision of these services.

Saskatchewan Anti-Tuberculosis League

Acting under authority of The Tuberculosis Sanatoria and Hospitals Act, the Saskatchewan Anti-Tuberculosis League has been the body responsible for the provision and co-ordination of anti-tuberculosis services in Saskatchewan since 1911.

The league continues its mandate pursuant to provisions of the Non-Profit Corporations Act as of June 30, 1981.

Over the years, the League has operated inpatient Sanatoria in Fort San, Saskatoon and Prince Albert, receiving most of its funding from a municipal levy. With the declining incidence of TB, the inpatient use of the last operational sanatorium was discontinued in 1978 as was the special municipal tax levy. Patients requiring hospitalization in Saskatchewan are now treated in the province's general hospitals and a portion of the operating costs of the League are funded through the Saskatchewan Hospital Services Plan.

Through the following activities, the Saskatchewan Anti-TB League has retained its central role in the control and treatment of the disease:

— League physicians provide consultative services to physicians who have admitted patients with TB to general hospitals.

— League physicians provide services through daily clinics in Saskatoon and Regina as well as temporary clinics in other areas including Prince Albert and Fort San.

— The League conducts surveys as required and is responsible for the distribution of anti- TB drugs, as well as the maintenance of a Central Registry of TB cases and contacts.

In addition to its treatment activities, the League uses income generated from its Christmas Seal campaign and other sources to fund various preventive programs in the area of lung and other chest diseases.

An account of the payments made to the Anti-TB League in 1982-83 is contained in Appendix A-1. In addition, the League publishes its own annual report which is available from the Saskatchewan Anti-Tuberculosis League, Echo Valley Centre, Fort San, Saskatchewan S0G 1T0.

Community Clinics

Community clinics are consumer oriented health organizations operated by an elected board of directors representing the members of a community health association.

The board enters into agreements with general practitioners and specialists to provide medical services. It employs other professional people and all other personnel required to operate the community clinic and is also responsible for providing the necessary facilities and equipment.

The physicians are paid a salary and provide a wide range of medical services. Salaries are based on average net payments by the Medical Care Insurance Commission to fee-for-service physicians in Saskatchewan.

The types of services provided are determined by each individual community health association and include some or all of the following: diagnostic radiology, laboratory, physical therapy, occupational therapy, social services, nutrition counselling, optometric and pharmaceutical services. Other programs include weight reduction, fitness classes and group therapy.

In 1982-83 community clinics were operating in Regina, Saskatoon, Prince Albert and Wynyard. The association in Prince Albert operates a satellite clinic at Canwood. Similarly, the Saskatoon Clinic provides health services through the Community Health and Social Centre in Delisle and through a satellite clinic on Saskatoon's westside. Another satellite clinic was established in 1982 in Saskatoon's Lawson Heights area.

A community health association continued to operate a clinic in Lloydminster in 1982-83.

The community clinics in Regina, Saskatoon, Prince Albert and Wynyard are funded on a line-by-line basis following a detailed budget review. Funds for physician services and optometrist services are reimbursed to SHSP by MCIC.

For a detailed account of payments made to community health associations in 1982-83 refer to Appendix A-2.

Community Health and Social Centres

A community based program of health and social services was initially developed in a number of small rural communities as an alternative to the institutional care provided by small general hospitals. The objective of the program is to provide a preventive and curative health and social program which is balanced and co-ordinated by bringing together the essential health and social services required on a day-to-day basis by people residing in rural communities.

A community health and social centre is a facility for the provision of community based, community co-ordinated services. Its programs are intended to place emphasis on the prevention of illness and the promotion of health. The centres are designed to provide both outpatient and home care services as alternatives to institutional care where indicated.

The boards of the centres must interact with both Saskatchewan Health and Saskatchewan Social Services.

The basic components of a program are:

- outpatient diagnostic and treatment services based on a regular visiting physician service.
- an on-call nurse to provide 24-hour emergency service.
- public health services such as
  - preventive health services
  - maternal and child health conferences
  - immunization
  - school health visiting
  - health education

In addition, the following are based in the health and Social Centre in some communities:

- a home care program through social services
- a social activity program primarily for elderly people where one can be arranged
- regional social services (e.g. meals on wheels, handyman, etc.)

Eleven community health and social centres were in operation in Saskatchewan as of March 31, 1983. Of these, two are located in communities that opted to close their hospitals in favour of developing this type of community based health and social program.

Payments to community health and social centres are made semi-monthly and are based on an analysis of the yearly budget requests submitted by the individual facilities. Appendix A-2 shows a detailed account of payments to these facilities in 1982-83.

Private Practice Physical Therapy Facilities

The owners of private practice physical therapy facilities enter into contracts with the Minister of Health to provide physical therapy services to insured beneficiaries upon referral by a licensed physician. Payments are made to these facilities based on a negotiated cost per time unit of service rendered to insured beneficiaries.

During 1982-83 the Minister of Health had contracts with the owners of nine private practice physical therapy facilities in the province. The agreements provide for certain limits on the volume of insured services and for the continuance of a Professional Review Committee composed of two representatives

from the Private Practitioners Section of the Saskatchewan Physical Therapists Association, one representative from the Council of the Physical Therapists Association and one representative selected by the Minister of Health.

The primary purposes of this committee are to monitor standards of practice and review accounts. Appendix A-3 provides a detailed account of payments to these facilities in 1982-83.

Regional Hospital Laundries

Regional hospital laundries are located in Regina, Saskatoon, Prince Albert and Yorkton. In 1982/83 regional laundry and linen services were provided to 17 hospitals in the Regina area, 22 in the Saskatoon area, 22 in the Prince Albert area and 14 in the Yorkton area.

At the beginning of each fiscal year, the Plan approves a user rate based on estimated expenditures and estimated volumes of linen to be processed during the year. Client hospitals are charged a user fee per pound for laundry and linen services.

Through the work of the Central Laundry Co-ordinating Group, the regional laundries group purchased certain high volume linen items in order to take advantage of volume discounts. Non-user hospitals may order these items from a regional laundry and benefit from volume buying as well.

A new laundry facility nearing completion in Regina was ahead of schedule at the end of 1982/83. It is expected to be the most energy-efficient laundry in North America.

In 1982-83 regional laundries processed approximately 21 million pounds of linen.

Grants in Assistance of Clinical Services Provided by the Medical Education System (Clinical Services Fund)

Certain service-related areas in the medical education system receive funding from the Clinical Services Fund, administered by the Minister's Advisory Committee on Service Funding of the Medical Education System. The Committee is appointed by the Ministers of Health and Continuing Education and includes representatives of Saskatchewan Finance, Saskatchewan Health, Saskatchewan Continuing Education, and the Saskatchewan Universities Commission.

The Clinical Services Fund, funds post-graduate education (interns and residents), the service component of the salaries of certain faculty members of the College of Medicine, and some other service-related projects associated with medical education.

In 1982-83 salary support was provided for approximately 51 interns and 150 residents, and 60 faculty positions in pathology, diagnostic radiology, nuclear medicine, geriatric medicine, rehabilitation medicine, microbiology, neonatology, and certain other clinical specialty areas.

In addition to intern, resident and faculty salaries the Clinical Services Fund provided support in 1982-83 for fifth year medical student stipends, a summer employment program for third year medical students, an education co-ordinator at Saskatoon City Hospital, and a perinatal education program conducted by the College of Medicine's Division of Continuing Medical Education.

In 1982-83 the Clinical Services Fund disbursed $9,174,609:

Interns	$1,155,896
Residents	4,548,215
Faculty Salaries	3,257,036
Services-related Projects	213,462
Total	$9,174,609

Hospital Systems Study Group

The Hospital Systems Study Group (HSSG) is a non-profit company incorporated under The Non-Profit Corporations Act, 1978. Voting memberships are held by University Hospital, The South Saskatchewan Hospital Centre, The University of Saskatchewan, The University of Regina, The Saskatchewan Health-Care Association and Saskatchewan Health.

HSSG provides a variety of services in the health-care field in Saskatchewan including systems development, research, management services and data processing. The work done by HSSG reflects the continuing needs of users for better management and information systems and the rapidly changing field of systems technology.

Services provided by HSSG include:

- the Personnel/Payroll System serving 34 hospitals and 2 extended care facilities.

- the Central Agency of Saskatchewan Hospital (CASH) program accounts payable system serving 22 hospitals and 2 community clinics. By consolidating acounts payable through a central interest bearing bank account savings of over $748,000 have accrued to hospitals since 1973.

- the General Ledger system serves 19 hospitals and 2 community clinics.

- the Employee Benefit Plan system is maintained and operated under contract to the Saskatchewan Health-Care Association.

A copy of HSSG's Annual Report may be obtained from the Executive Director, Hospital Systems Study Group, 3337 8th Street E., Saskatoon, Saskatchewan S7H 4K1.

Osteopathic Services

Osteopathy is defined as the art and science of prevention, diagnosis and treatment of disease and injury which adds to generally accepted medical procedures, the use of manipulative methods to detect and correct maladjustments of, or affecting, the bones, muscles, blood vessels, nerves and other tissues. There are no schools of osteopathy in Canada. Graduates from recognized schools in the United States have at least three years of pre-medical education plus four years of training in medicine, including the speciality of osteopathy.

A Doctor of Osteopathy in Saskatchewan must enter into an agreement with the Minister of Health in order to be reimbursed by Saskatchewan Health for the services which he/she provides to beneficiaries.

Effective April 1, 1980, responsibility for the payment of osteopathy claims was transferred to the Saskatchewan Hospital Services Plan from the Medical Services Division. A statement of payments in 1982-83 is contained in Appendix A-3.

Student Health Clinic

The Student Health Clinic is operated by the College of Medicine at the University of Saskatchewan for the purpose of providing students and their families with readily accessible medical and health services which are designed to meet their special needs.

The budget of the Student Health Clinic is assessed and approved by the Saskatchewan Hospital Services Plan on a line-by-line basis, and includes salaries for the physicians and other staff. The operating and budget year for the Clinic has been July 1 to June 30 of the next year. However, the clinic has decided to change its operating/reporting period. As a result the approved budget for the 1982-83 year was $310,667 for the nine months July 1, 1982 to March 31, 1983. Monthly payments are processed through the University Hospital.

Saskatchewan Hospitalization Fund

Legislative and Regulatory Authority

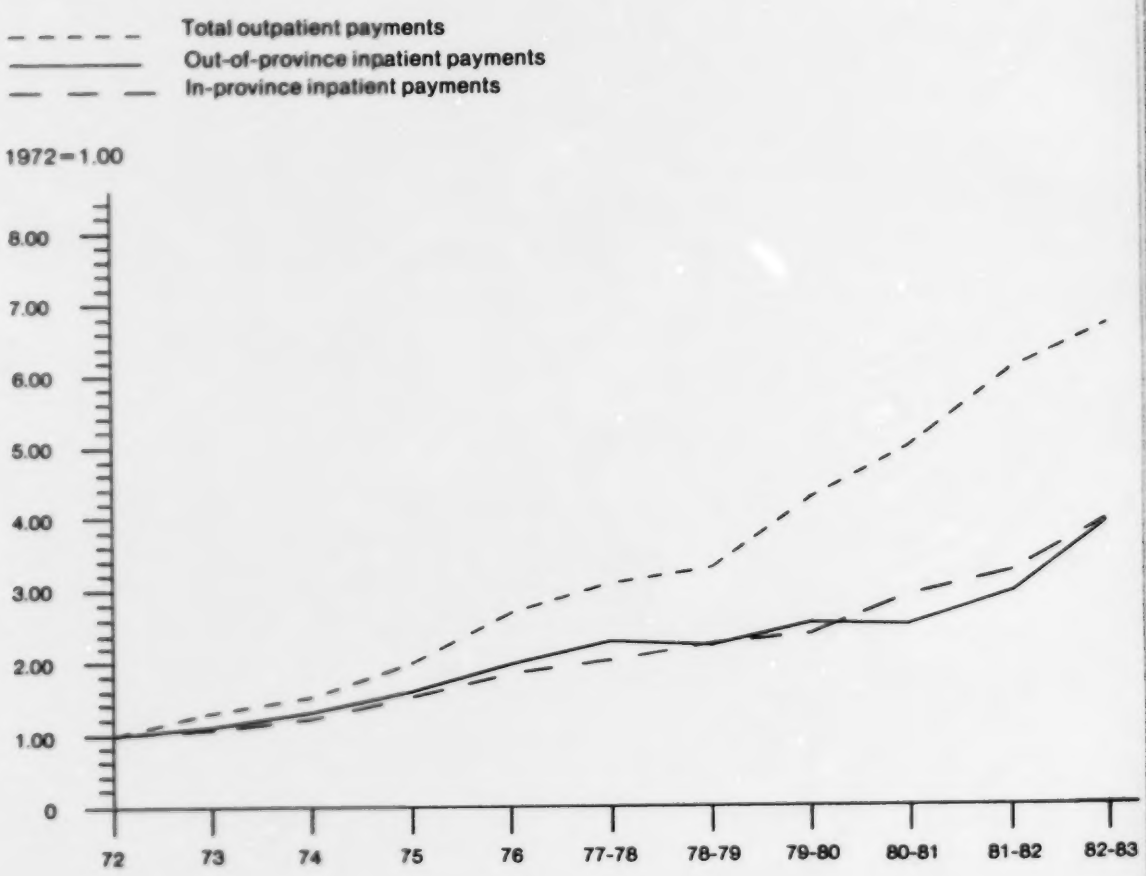
The Saskatchewan Hospitalization Act establishes the Saskatchewan Hospitalization Fund from which payments are made to hospitals and other approved facilities for insured services received by beneficiaries, and for the administrative expenses incurred in the operation of the Plan.

Payments

Total Payments

The Plan is responsible for all reasonable costs incurred in the provision of health services to Saskatchewan residents. Total payments for the twelve months ending March 31, 1983, amounted to $412,123,291. Payments for the fiscal years 1980-81, 1981-82 and 1982-83 are shown in Appendix D-1.

Figure 1: Relative change of Payments to General Hospitals for Inpatients and Outpatients, 1972 to 1982-83



Hospitalization Payments

All reasonable costs incurred by Saskatchewan hospitals in providing insured services to Saskatchewan residents are paid by the Plan. During the twelve months ending March 31, 1983, payments totalling $344,607,579 were made to in-province hospitals for inpatient care. For further details see Appendix D-1. Payments to in-province hospitals for outpatient services amounted to $45,783,695 for the twelve months ending March 31, 1983.

During the year the Plan paid $3,352,627 to Saskatchewan hospitals for inpatient care provided to residents of other provinces under reciprocal agreements with these provinces. These payments are invoiced to other provincial government authorities responsible for these non-residents who received hospital services in Saskatchewan. Of the total amount billed to the end of the fiscal year, a balance of $246,731 remains outstanding as at March 31, 1983.

In addition, payments to other approved facilities within the province amounted to $5,704,775.

Payments for insured services provided outside the province amounted to $12,606,873 for the twelve months ending March 31, 1983. Of this amount $11,478,767 was paid for inpatient services and $1,128,106 was paid for outpatient services.

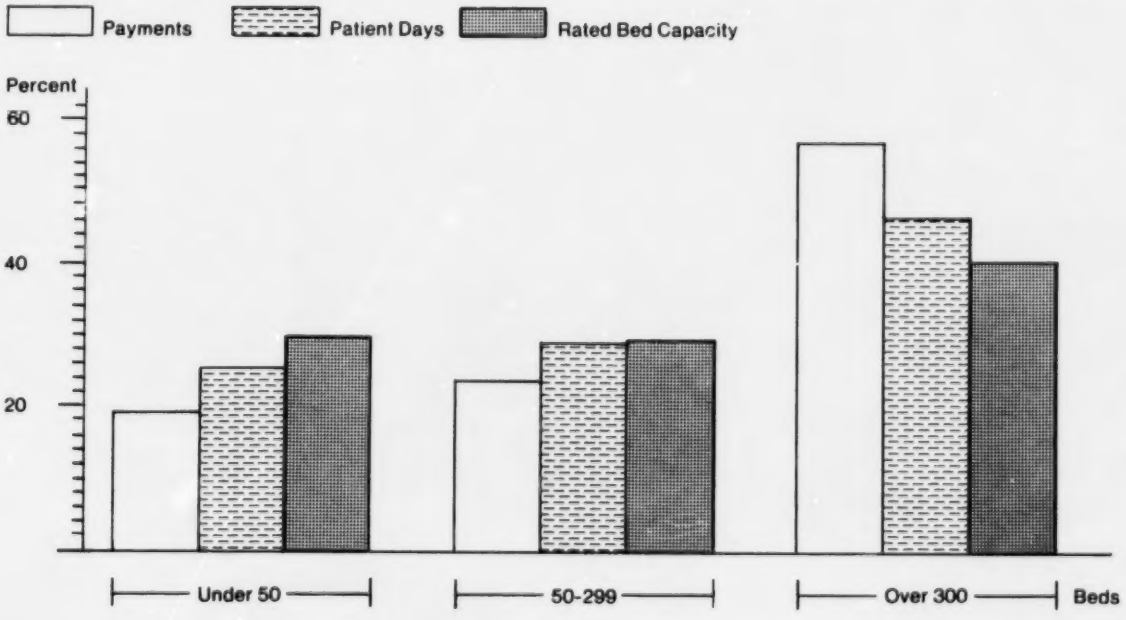
Administration Expenses

During the twelve months ending March 31, 1983, it cost $4,542,088 to operate the Plan. There were 151 positions approved for the Plan as of March 31, 1983.

Revenues

The total revenue for the Saskatchewan Hospitalization Fund during the twelve months ending March 31, 1983 amounted to $412,427,578 of which nearly 100.0 percent came from Consolidated Fund appropriations.

Figure 2: Percentage of Payments, Rated Beds and Patient Days by Bed Size Group in General Hospitals, 1982-83



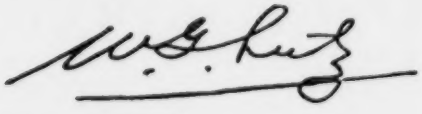
Auditor's Report

To the Members of the Legislative Assembly of the Province of Saskatchewan

I have examined the statement of receipts and payments and the supporting statement of general administration payments for the Saskatchewan Hospitalization Fund for the year ended March 31, 1983. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the cash transactions of the Fund for the year ended March 31, 1983 and the balance of fund at that date in accordance with the stated accounting policies applied on a basis consistent with that of the preceding year.

Regina, Saskatchewan,
April 26, 1983.



W. G. Lutz, F.C.A.,
Provincial Auditor.

Statement 1

Saskatchewan Hospitalization Fund

Statement of Receipts and Payments
For the Year Ended March 31

	1983	1982
Receipts:		
Miscellaneous Revenue	$ 118	$ —
Grants from Consolidated Fund — for Administration	4,527,460	3,882,750
for Hospitalization	407,900,000	344,329,540
	$ 412,427,578	$ 348,212,290
Payments:		
Hospitalization —		
Hospitals within the province (note 3)	$ 390,391,274	$ 330,177,613
Hospitals outside the province	12,326,907	9,403,239
Other approved facilities within the province (note 3)	5,704,775	4,867,306
Reimbursement to patients re:		
Out-of-Province hospital accounts	279,966	211,547
Less: Recoveries — third-party liability	892,240	848,816
Hospitalization payments — Saskatchewan residents	$ 407,810,682	$ 343,810,889
Hospitals within the province — reciprocal billings for non-province residents (note 3)	(229,479)	476,211
Total Hospitalization payments	$ 407,581,203	$ 344,287,100
General Administration —		
Salaries, services and gratuities	$ 4,124,453	$ 3,413,658
Travel, sustenance and vehicle expense	90,745	92,650
Other	1,393,649	1,286,935
	$ 5,608,847	$ 4,793,243
Less: Recoveries for services to other agencies	1,066,759	923,071
Total General Administration Payments (Statement 2)	$ 4,542,088	$ 3,870,172
	$ 412,123,291	$ 348,157,272
Excess of receipts over payments	$ 304,287	$ 55,018
Balance of fund, beginning of year	642,160	587,142
Balance of fund, end of year	$ 946,447	$ 642,160
Represented by:		
Cash	$ 946,447	$ 642,160

(See accompanying notes to the financial statements)

Statement 2

Saskatchewan Hospitalization Fund

Statement of General Administration Payments
For the Year Ended March 31

	1983	1982
Salaries, services and gratuities	$ 4,124,453	$ 3,413,658
Miscellaneous professional and technical services	307,516	158,569
Postage, telephone and telegraph	278,482	226,632
Computer services	203,685	186,935
Equipment — Rentals	107,303	95,258
— Purchase of machines	14,547	12,775
— Repairs (including minor equipment purchases)	8,275	10,816
Travel, sustenance and vehicle expense	90,745	92,650
Stationery and office supplies	66,863	178,017
Registration services fees	65,985	65,790
Employer's share — Public Employees' Superannuation Plan	65,055	51,937
Programmer analyst services	64,605	72,161
Employer's share — Unemployment Insurance	59,194	51,405
Employer's share — Canada Pension Plan	43,546	36,228
Workers' Compensation Board assessment	27,904	26,771
Other miscellaneous contractual services	25,571	33,339
Printing, binding and engraving	17,299	11,250
Employer's share — Public Employees' Dental Plan	7,946	—
Employer's share — Disability Income Plan	5,169	4,723
Association and Professional Dues	4,555	2,158
Legal fees and expenses	3,972	4,210
Registration fees	3,860	5,249
Tuition Fees	2,902	2,385
Freight, express, cartage and duty	2,511	7,825
Public announcements and advertising	83	37,853
Miscellaneous	6,821	4,649
	$ 5,608,847	$ 4,793,243
Less: Recoveries for services to other agencies	1,066,759	923,071
Total to Statement 1	$ 4,542,088	$3,870,172

(See accompanying notes to the financial statements)

Saskatchewan Hospitalization Fund

Notes to Financial Statements
March 31, 1983

1. **Accounting Policies**

(a) The accounts of the Fund are maintained on a cash basis whereby revenue is recorded when received and expenditures are charged to the accounts when payments are made. Accordingly, the assets and liabilities (excluding Cash) are not reflected in these financial statements.

(b) In accordance with government accounting policy, costs which are not normally allocated between government departments, such as occupancy costs are not charged to the Fund.

(c) Fixed assets used in the administration of the Fund are included in expenditures when payment is made.

(d) Hospitals are financed by payments made throughout the year on the basis of reasonable cost of providing insured services. Final settlements are made in the subsequent fiscal period and reflected in that period.

2. **Contingent Assets**

Under Section 26 of The Saskatchewan Hospitalization Act, Chapter S-23 R.S.S. 1978, the Saskatchewan Hospitalization Fund has the right to recover hospitalization expenses from third parties responsible for persons being hospitalized. Claims presently estimated as potential recoveries are: $1,896,000.

3. **Agency Agreements**

As permitted under Section 6.1 and Section 7 of The Saskatchewan Hospitalization Act, Chapter S-23 R.S.S. 1978 the Saskatchewan Hospitalization Fund acted as agent for the Saskatchewan Medical Care Insurance Commission in regard to physician salaries in community clinics; the Department of Social Services in regard to Level 4 patients in general and rehabilitation hospitals; and governments of other provinces in regard to residents of other provinces. Payments stated are net of recoveries. These recoveries in the year under review were $4,320,592 from the Saskatchewan Medical Care Insurance Commission, $14,446,800 from the Department of Social Services, and $3,582,867 from the governments of other provinces.

Statistical Synopsis

Covered Population

The covered population of the province as determined by the Plan was 1,000,667 as of June 30, 1982. This represents an increase of 9,921 from the covered population of June 30, 1981. Please see Appendix C-1 for details.

Figure 3 below illustrates the changing geographic composition of Saskatchewan's covered population. The covered population of cities and towns has grown 18.9 and 17.9 per cent respectively since 1972 while the population of villages and rural areas has declined 6.3 and 14.8 per cent during the same period. The covered population of Registered Indians has increased from 3.7 per cent of the total population in 1972 to 4.5 per cent in 1982. This represents an increase of 32.0 per cent over the past 10 years.

Figure 3: Relative Change in Covered Population of Saskatchewan, 1972 to 1982.

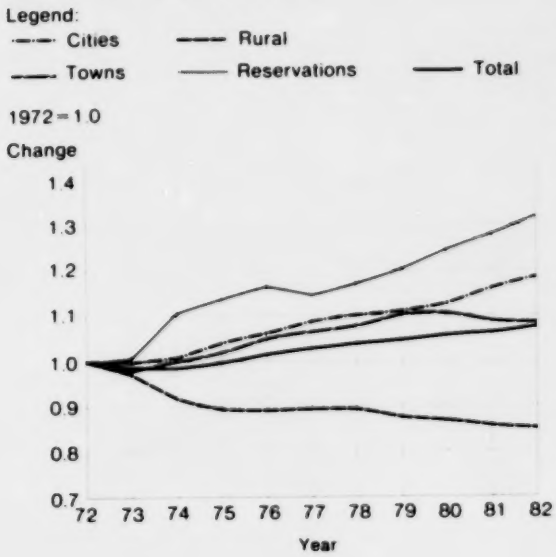
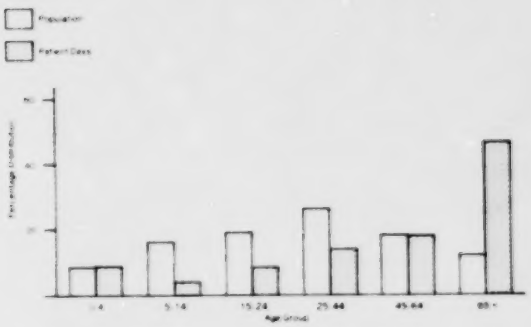


Figure 4 summarizes hospital utilization according to age groups. Although the over 65 group represents only 12 per cent of the population, it accounts for 47 per cent of the hospital acute care patient days. As the proportion of the total population in the over 65 age group increases, it will tend to increase the total provincial utilization rate. Further details are provided in Appendix E-1.

Figure 4: Percentage Distribution of Population and Patient Days by Age Group, April 1, 1982-March 31, 1983



The place of residence is an important determinant of hospital utilization rates. There is a considerable variation in utilization rates between different geographical areas in the province. This variation can be the result of several different factors and the reader should be cautious about drawing specific conclusions from Figure 5 and Appendix E-2.

Figure 5: Separations and Patient Days per 1,000 Population by Type of Residence, April 1, 1982-March 31, 1983

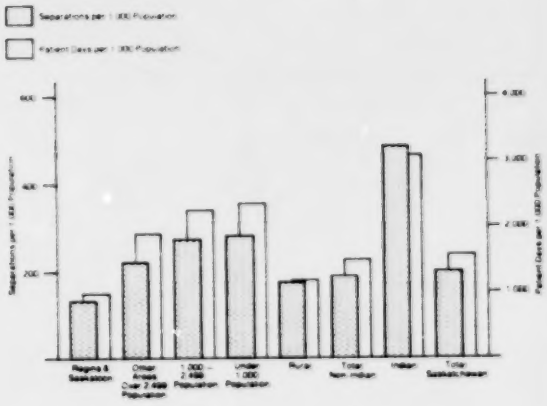


Figure 6 shows that Saskatchewan, when compared to the other provinces, had the second highest rate of separations per 1,000 population. Quebec, which had the lowest rate of separations (107 per 1,000 population) had almost half of the separation rate of Saskatchewan. However, Saskatchewan, comparatively had the fourth lowest average length of stay. See Appendix F-2 for details.

Figure 6: Separations and Patient Days per 1,000 population, Canada and Selected Provinces: 1981-1982

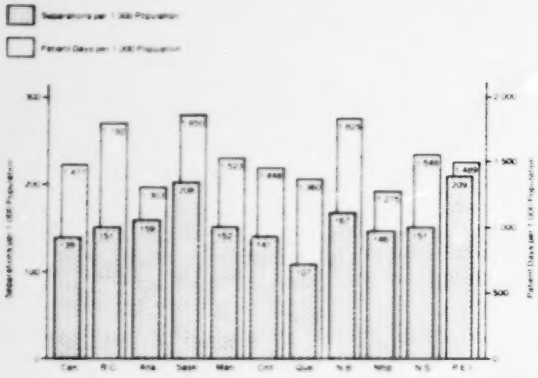


Figure 7 illustrates that during 1981-82 Saskatchewan public general hospitals had a rated bed capacity of 7.0 beds per 1,000 population (population estimated by Statistics Canada and not the covered population) and an actual occupancy (on average) of 5.1 beds per 1,000 population. Further details are provided in Appendices F-1 and F-2.

Figure 7: Public General Hospitals — Rated Beds and Occupied Beds per 1,000 Population: 1981-82

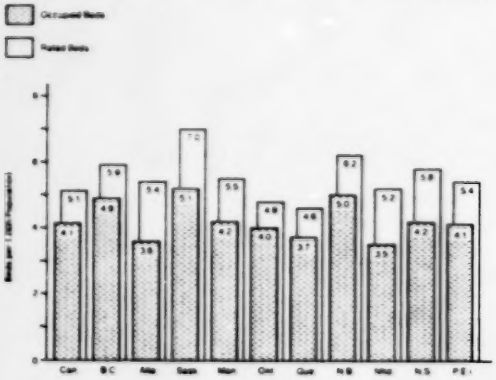


Table VI illustrates the number of hospital beds in Saskatchewan, by level of care and category of facility (whether located in a general hospital or rehabilitation hospital) as of March 31, 1982.

Table VI — Number of Beds in Saskatchewan by Level of Care as of March 31, 1983

Level of Care*	General Hospitals	Rehabilitation Hospitals	Federal Hospitals	Total	Rate per 1,000 Covered Population**
Level 4 (Extended Care)	382	119	—	501	0.5
Level 5 (Rehabilitation Care)	22	96	—	118	0.1
Level 6 (Acute Care)	6,141	—	60	6,201	6.2
Psychiatric Units	272	—	—	272	0.3
Alcoholism Unit	12	—	—	12	0.0
Total	6,829	215	60	7,104	7.1

* The definitions of level of care are provided in the Glossary.
**Varies slightly from figures in Appendices F-1 and F-2 due to the difference in population estimates.

Appendices

Appendix A **Payments to Hospitals and Other Facilities**

A-1 Payments to Hospital Facilities and Rated Bed Capacities, Saskatchewan, 1982-83.

A-2 Payments to Community Operated Outpatient Facilities, 1982-83.

A-3 Payments to Privately Operated Outpatient Facilities (Contract), 1982-83.

Appendix B **Grants for Construction and Renovations, 1982-83.**

Appendix C **Population Covered**

C-1 Age and Sex Distribution of Covered Population for Selected Years, 1947-82.

C-2 Distribution of Population by Age Group and Type of Residence, and Percentage Change: 1972, 1977, 1982.

Appendix D **Payments for Saskatchewan Beneficiaries at all Locations**

D-1 Saskatchewan Hospitalization Fund Payments for Years, 1980-81 to 1982-83.

D-2 Separations, Patient Days, Average Days of Stay and Cost of Inpatient Care in General Hospitals for Adults and Children, and Newborns by Hospital Location, 1981-82 and 1982-83.

D-3 Summary of Inpatient Separations by Type of Responsibility, 1982-83.

D-4 Volume and Rate of General Hospital Inpatient Care for Selected Years for Saskatchewan Beneficiaries.

Appendix E **Acute Care Utilization by Saskatchewan Beneficiaries**

E-1 Age and Sex Incidence of Acute Care Hospitalization in General Hospitals, 1982-83.

E-2 Separations, Patient Days and Corresponding Rates by Residence (for Provincial Plan Inpatients of General Hospitals, including Out-of-Province Hospitalization), 1982-83.

E-3 Inpatient Care by Diagnosis (Canadian List), 1982-83.

E-4 Inpatient Care by Diagnostic Chapter, Age and Sex, 1982-83.

E-5 Separations, Days and Average Days of Stay for Sixty-three Selected Operations for Saskatchewan Beneficiaries, 1982-83.

E-6 Separations and Patient Days by Age, Sex and Length of Stay, 1982-83.

Appendix F **Interprovincial Comparisons and Selected Statistics for Saskatchewan Hospitals**

F-1 Hospital Rated Beds in Canada and the Provinces by Type of Hospital and Number of Beds per 1,000 Population, 1981-82.

F-2 Comparative Table of Selected Indices for General Hospitals, for Provinces and Canada (Ranked), 1981-82.

F-3 Average Number of Full-Time Employees in Saskatchewan General Hospitals and Paid Hours of Work per Patient Day for Selected Years.

Appendix G **Acts Administered by the Plan**

Appendix H **Glossary**

Appendix A
Payments to Hospitals and Other Facilities

Appendix A-1

Payments to Hospital Facilities and Rated Bed Capacities, Saskatchewan For the Fiscal Year Ended March 31, 1983

Type and Location of Hospital Facility		Rated Bed Capacity Mar. 31/83	Approved Daily Census Mar. 31/83	Payments for Operating Costs*	Provincial Grants for Construction and Renovations	Payments Under Hospital Revenue Act
General and Rehabilitation Hospitals						
Arborfield Union		8	6.8	$ 422,811	$ 393	$ –
Arcola, Brock Union		24	19.5	986,827	22,000	–
Assiniboia Union		42	26.8	1,385,147	–	2,419
Balcarres Union		29	20.7	1,068,172	–	–
Beechy Union		8	4.1	405,812	–	–
Bengough Union		16	9.2	446,887	–	–
Bienfait-Coalfields Union		12	5.9	303,251	–	–
Biggar Union		32	22.2	1,320,871	–	–
Big River Union		25	17.4	796,025	–	–
Birch Hills Memorial Union		15	11.5	628,342	–	–
Borden Union		10	7.5	397,133	–	–
Broadview Union		22	16.5	759,773	–	–
Cabri Union		20	7.6	565,588	–	–
Canora Union		50	37.5	2,164,052	–	–
Carrot River Union		18	13.2	693,787	–	–
Central Butte Union		30	19.8	999,744	–	–
Climax, Border Union		8	3.7	338,721	–	–
Coronach Union		12	7.1	467,450	–	551
Craik Community		8	4.9	340,572	–	639
Cudworth, St. Michael's		20	15.0	713,557	–	1,069
Cupar Union		17	10.1	523,815	–	–
Cut Knife Union		7	6.0	374,295	243,546	–
Davidson Union		17	13.9	647,689	104,708	527
Dinsmore Union		10	5.5	405,286	–	–
Dodsland Union		10	5.0	381,937	–	–
Eastend Union		13	4.9	423,790	–	–
Eatonia Union		12	6.1	426,866	56,000	–
Edam, Lady Minto Union		8	6.1	435,046	–	–
Elrose Union		7	3.0	341,780	–	–
Esterhazy, St. Anthony's		30	20.9	1,131,159	46,770	2,067
Estevan, St. Joseph's General	(1)	106	66.9	4,250,960	7,357	–
Eston Union		24	11.9	738,642	–	–
Fillmore Union		15	10.1	550,700	–	–
Foam Lake Union		18	14.4	668,833	–	–
Fort Qu'Appelle Indian	(A)	60	34.8	1,777,701	–	–
Gainsborough Union		14	8.2	429,991	–	–
Goodsoil Union		11	8.2	447,778	–	1,491
Gravelbourg, St. Joseph's		32	16.7	978,728	2,158	872
Grenfell Union		18	12.5	636,781	13,288	–
Gull Lake Union		16	6.6	439,859	–	–
Hafford Union		16	11.8	560,776	–	–
Herbert-Morse Union		19	9.9	565,624	–	583
Hudson Bay Union		18	14.4	722,208	–	–
Humboldt, St. Elizabeth's		81	53.6	3,778,306	25,000	2,700
Ile a la Crosse, St. Joseph's		46	21.6	1,293,222	–	9,858
Imperial Union		13	6.3	475,487	–	286
Indian Head Union		23	16.5	931,647	–	688
Invermay-Canora Union		11	5.9	461,788	–	–
Ituna Union		14	9.6	488,228	–	–

Appendix A-1 (Continued)

Payments to Hospital Facilities and Rated Bed Capacities, Saskatchewan
For the Fiscal Year Ended March 31, 1983

Type and Location of Hospital Facility		Rated Bed Capacity Mar. 31/83	Approved Daily Census Mar. 31/83	Payments for Operating Costs*	Provincial Grants for Construction and Renovations	Payments Under Hospital Revenue Act
Kamsack Union		49	41.5	2,276,522	–	–
Kelvington Union		22	14.8	719,196	90,000	–
Kerrobert Union		30	16.8	1,003,307	–	–
Kincaid Union		9	5.0	380,356	–	–
Kindersley Union		55	26.9	1,690,364	–	–
Kinistino Union		16	12.9	623,381	–	–
Kipling Memorial Union		27	12.9	879,224	–	–
Kyle-White Bear Union		8	5.1	382,334	–	–
Lafleche Union		8	4.0	403,243	–	–
La Loche, St. Martin's		12	6.0	519,203	–	3,819
Lampman Union		8	3.8	405,215	–	–
Langenburg Union		29	13.8	877,942	–	–
Lanigan Union		30	20.3	1,118,660	40,486	1,184
La Ronge		28	20.8	1,168,816	–	9,851
Leader Union		25	12.1	702,465	2,792	–
Leoville Union		11	7.4	392,765	–	–
Lestock, St. Joseph's Union		22	20.5	977,183	–	–
Lloydminster		92	61.1	2,401,888	1,125,000	–
Loon Lake Union		18	10.7	536,584	13,542	–
Lucky Lake Union		9	5.0	394,638	–	–
Macklin, St. Joseph's		25	13.5	684,091	–	–
Maidstone Union		19	16.7	789,691	63,190	–
Mankota Union		9	3.6	383,092	–	–
Maple Creek Union		44	22.8	1,114,596	–	–
Meadow Lake Union		52	36.0	2,178,259	–	111
Melfort Union		85	61.0	4,010,707	281,675	505
Melville, St. Peter's	(2)	81	63.6	3,485,286	–	3,196
Midale Union		8	5.5	435,429	–	–
Milden Union		10	5.3	402,134	–	–
Montmartre Union		11	5.8	446,726	–	353
Moose Jaw, Providence	(3)	134	112.4	6,801,006	106,566	3,853
Moose Jaw Union	(4)	254	175.3	11,660,854	5,127	1,305
Moosomin Union		50	41.8	2,430,496	–	1,120
Neilburg and District Union		11	7.8	419,980	–	–
Nipawin Union		62	51.8	3,071,579	80,710	–
Nokomis Union		10	7.2	421,835	–	–
Norquay-Canora Union		15	11.6	564,394	8,560	–
North Battleford, Battlefords Union	(5)	200	168.8	9,945,476	4,000	1,066
Outlook Union		22	17.4	769,761	–	416
Oxbow Union		21	10.2	580,523	18,040	–
Pangman Union		10	5.2	240,922	–	–
Paradise Hill Union		18	11.5	634,070	–	–
Ponteix Union		10	4.6	364,029	–	–
Porcupine-Carragana Union		20	12.6	664,809	–	–
Preeceville Union		29	22.0	1,089,620	36,500	–
Prince Albert, Holy Family	(6)	162	116.3	7,521,183	71,833	1,697
Prince Albert, Victoria Union	(7)	228	186.1	10,965,818	–	1,117
Rabbit Lake Union		10	5.4	406,846	–	–
Radville Community		18	11.7	700,573	–	405
Redvers Union		21	14.2	682,168	–	442
Regina General	(8)	489	437.9	42,919,924	1,878,522	18,499
Regina, South Saskatchewan Hospital Centre:						
– Pasqua Hospital	(9)	404	334.4	27,753,867	8,658,114	10,679
– Plains Health Centre		300	231.7	27,241,834	114,508	7,634
– Wascana Hospital	(B) (10)	215	194.1	10,051,772	35,368	–
Rockglen Union		7	5.0	421,168	–	531

Appendix A-1 (Continued)

Payments to Hospital Facilities and Rated Bed Capacities, Saskatchewan
For the Fiscal Year Ended March 31, 1983

Type and Location of Hospital Facility		Rated Bed Capacity Mar. 31/83	Approved Daily Census Mar. 31/83	Payments for Operating Costs*	Provincial Grants for Construction and Renovations	Payments Under Hospital Revenue Act
Rosetown Union		34	25.0	1,733,760	33,918	–
Rose Valley Union		16	10.4	561,750	–	–
Rosthern Union		42	28.5	1,480,301	5,025	2,442
St. Walburg Union		20	7.9	542,272	–	–
Saskatoon City	(11)	376	286.2	24,285,348	218,343**	17,354
Saskatoon, St. Paul's		330	282.0	25,984,234	249,142**	96,362
Saskatoon, University	(12)	546	429.0	61,855,590	4,075,000**	80,568
Shaunavon Union		37	20.8	1,084,347	–	–
Shellbrook Union		30	22.0	1,080,993	–	711
Smeaton Union		11	6.1	421,093	–	–
Spalding Union		12	9.4	221,381	–	–
Spiritwood Union		20	15.8	812,991	–	–
Swift Current Union	(13)	164	117.9	8,288,166	–	2,098
Theodore Union		13	7.9	248,377	–	–
Tisdale Union		68	34.0	2,305,729	13,522	–
Turtleford, Riverside Memorial Union		26	18.8	1,071,618	–	–
Unity Union		28	18.5	960,765	–	–
Uranium City, Municipal		32	24.9	1,483,896	1,766	–
Vanguard Union		11	5.0	349,006	21,750	–
Wadena Union		42	22.8	1,265,126	–	–
Wakaw Union		26	22.5	1,036,552	–	2,434
Watrous Union		31	21.8	951,709	62,278	2,521
Watson Union		14	9.1	468,862	–	–
Wawota Memorial Union		13	9.5	465,762	–	3,691
Weyburn Union		101	67.6	4,514,178	–	826
Whitewood-Moosomin Union		10	6.8	463,406	–	–
Wilkie Union		31	19.6	917,554	63,657	–
Wolseley Memorial Union		19	14.8	737,140	8,567	–
Wynyard Union		21	17.0	869,507	–	–
Yorkton Union	(14)	313	245.2	12,918,478	149,043	4,702
Total (134 Hospitals)		7,104	5,277.3	$399,981,139	$18,057,764	$305,242

Appendix A-1 (Continued)

Payments to Hospital Facilities and Rated Bed Capacities, Saskatchewan
For the Fiscal Year Ended March 31, 1983

Type and Location of Hospital Facility	Rated Bed Capacity Mar. 31/83	Approved Daily Census Mar. 31/83	Payments for Operating Costs*	Provincial Grants for Construction and Renovations	Payments Under Hospital Revenue Act
Other Facilities					
Canadian Red Cross Blood Depot — Regina and Saskatoon	–	–	$ 4,136,432	$ 35,000	$ –
Saskatchewan Anti-Tuberculosis League, Fort San	–	–	720,503	–	–
Total	–	–	$ 4,856,935	$ 35,000	$ –
			$404,838,074	$18,092,764	$305,242
Less: Recoveries from Saskatchewan Department of Social Services re: Level 4 Patients			14,446,800	–	–
Grand totals 134 Hospitals	7,104	5,277.3	$390,391,274	$18,092,764	$305,242

(A) Owned and operated by Federal Government.
(B) Rehabilitation Hospital.
* Payments for operating costs may include deficit payments or surplus recoveries applicable to the previous year.
** Capital Grants paid under "The Heritage Fund".

(1) Includes – 12 Alcoholic Rehabilitation Beds.
(2) Includes – 10 Extended Care Beds.
(3) Includes – 42 Extended Care Beds.
(4) Includes – 22 Psychiatric Beds.
(5) Includes – 32 Psychiatric Beds.
(6) Includes – 15 Extended Care Beds.
(7) Includes – 60 Psychiatric Beds and 69 Extended Care Beds.
(8) Includes – 38 Psychiatric Beds and 25 Extended Care Beds.
(9) Includes – 10 Extended Care Beds.
(10) Excludes – 54 Department of Veteran Affairs Beds but includes 119 Extended Care Beds and 96 Rehabilitation Beds.
(11) Includes – 16 Psychiatric Beds.
(12) Includes – 39 Psychiatric Beds and 22 Rehabilitation Beds.
(13) Includes – 14 Psychiatric Beds.
(14) Includes – 51 Psychiatric Beds and 60 Extended Care Beds.

Appendix A-2

Payments to Community Operated Outpatient Facilities For the Fiscal Year Ended March 31, 1983

Facility	Location	SHSP Insured Services Available	Method of Payment	Payments for Operating Costs	Provincial Grants for Construction and Renovations
Community Clinics					
Lloydminster & District Community Health Services Association Limited	Lloydminster	Laboratory Radiology	Semi-monthly	$ 43,695	$ –
Prince Albert Co-operative Health Centre	Prince Albert	Outpatient Services	Semi-monthly	3,026,886	–
Community Health Services Association (Regina) Ltd.	Regina	Outpatient Services	Semi-monthly	1,142,722	–
Community Health Services (Saskatoon) Association Ltd.	Saskatoon	Outpatient Services	Semi-monthly	3,465,845	–
Community Health Services (Wynyard & District) Association	Wynyard	Outpatient Services	Semi-monthly	209,130	–
				$7,888,278	$ –
Less: Recoveries from Saskatchewan Medical Care Insurance Commission re Physician Salaries				4,320,592	
				$3,567,686	$ –
Community Health and Social Centres					
Delisle Community Health and Social Centre	Delisle	Outpatient Services	Semi-monthly	$ 87,369	$ –
Hodgeville Community Health and Social Centre	Hodgeville	Outpatient Services	Semi-monthly	47,415	–
Leroy Community Health and Social Centre	Leroy	Outpatient Services	Semi-monthly	41,088	–
Maryfield Community Health and Social Centre	Maryfield	Outpatient Services	Semi-monthly	53,274	–
Mossbank Community Health and Social Centre	Mossbank	Outpatient Services	Semi-monthly	34,079	–
Neudorf Community Health and Social Centre	Neudorf	Outpatient Services	Semi-monthly	21,012	–
Quill Lake Community Health and Social Centre	Quill Lake	Outpatient Services	Semi-monthly	36,663	–
Raymore Community Health and Social Centre	Raymore	Outpatient Services	Semi-monthly	28,395	–
Strasbourg Community Health and Social Centre	Strasbourg	Outpatient Services	Semi-monthly	99,636	–
Willow Bunch Community Health and Social Centre	Willow Bunch	Outpatient Services	Semi-monthly	47,539	–
Zenon Park Community Health and Social Centre	Zenon Park	Outpatient Services	Semi-monthly	35,786	–
				$ 532,256	$ –
Total				$4,099,942	$ –

Appendix A-3

Payments to Privately Operated Outpatient Facilities (Contract) For the Fiscal Year Ended March 31, 1983

Facility	Location	SHSP Insured Services Available	Method of Payment	Payments
G. Uhman, Manitou Clinic	Manitou Beach	Physical Therapy	Fee-for-service	$ 9,531
K. Julian	Moose Jaw	Physical Therapy	Fee-for-service	81,906
G. Beveridge	Regina	Physical Therapy	Fee-for-service	502,946
A. Durkin	Regina	Physical Therapy	Fee-for-service	122,628
Medical Arts Clinic — Physical Therapy Clinic	Regina	Physical Therapy	Fee-for-service	19
Barbara Reid	Regina	Physical Therapy	Fee-for-service	132,268
Dr. D. Tanner	Regina	Osteopathic	Fee-for-service	40,022
J. T. Wasylenko	Regina	Physical Therapy	Fee-for-service	248,672
C. I. Porter	Rosetown	Physical Therapy	Fee-for-service	46,717
J. Crawford	Saskatoon	Physical Therapy	Fee-for-service	154,726
J. M. Smithwick	Saskatoon	Physical Therapy	Fee-for-service	265,398
Total				$1,604,833

Appendix B
Grants for Construction and Renovations, 1982-83

General Hospitals	Project	Status of Construction	Total Grants Approval	Payments during April 1/82 to March 31/83
Arborfield Union	Renovations – general	Completed	$ 4,893	$ 393
Arcola-Brock Union	Replace Roof	Underway	25,000	22,000
Assiniboia Union	Renovations – general	Planning	58,882	–
Cut Knife Union	New – 8 bed hospital	Underway	916,942	243,546
Davidson Union	Renovations – general	Completed	142,787	104,708
Eatonia Union	Expansion and renovations	Completed	72,267	56,000
Esterhazy St. Anthony's	Renovations – mechanical – Phase 1	Underway	27,538	13,770
Esterhazy St. Anthony's	Renovations – mechanical – Phase 2	Underway	65,988	33,000
Estevan St. Joseph's	Role study and Master Program	Completed	17,370	7,357
Gravelbourg, St. Joseph's	Feasibility study	Completed	6,958	2,158
Grenfell Union	Renovations – fire safety	Completed	13,288	13,288
Humboldt St. Elizabeth's	Renovations – mechanical	Underway	33,000	25,000
Indian Head Union	Extension and renovations	Underway	26,303	–
Kelvington Union	Replace roof and install air conditioning	Underway	100,000	90,000
Kerrobert Union	Extension and renovations	Underway	27,209	–
La Loche St. Martin's	New – 12 bed modular hospital	Completed	571,742	–
Lanigan Union	Extension and renovations	Underway	161,944	40,486
La Ronge	New – 28 bed hospital	Planning	4,557,500	–
Leader Union	Replace roof	Completed	20,821	2,792
Lloydminster	New – 125 bed hospital	Planning	9,696,000	1,125,000
Loon Lake Union	Renovations – general	Completed	13,542	13,542
Maidstone Union	New – 25 bed hospital	Planning	2,171,000	63,190
Maple Creek Union	Renovations – fire safety and replace roof	Planning	147,310	–
Melfort Union	Major expansion and renovations	Planning	6,141,000	281,675
Moose Jaw, Providence	Renovations – incinerator room	Completed	46,763	31,763
Moose Jaw, Providence	Replace roof	Underway	99,737	74,803
Moose Jaw Union	Roof insulation	Completed	97,127	5,127
Moose Jaw Union	Replace medical gas piping	Underway	56,805	–
Moose Jaw Union	Renovations – energy conservation	Planning	128,800	–
Nipawin Union	New – 70 bed hospital	Planning	3,498,578	80,710
Nokomis Union	Extension – storage space	Planning	19,069	–
Norquay – Canora Union	Community Health Services – space	Completed	26,605	8,560
North Battleford, Battleford Union	New – 32 bed psychiatric unit	Completed	2,800,000	4,000
Oxbow Union	Renovations – general	Completed	86,095	18,040
Porcupine – Carragana	Roof replacement and fire safety renovations	Planning	58,888	–
Preeceville Union	Renovations – general	Underway	40,550	36,500
Prince Albert, Holy Family	Renovations – mechanical	Completed	154,502	71,833
Regina General	Renovations – general	Completed	36,040	36,040
Regina General	Renovations – general	Completed	85,182	85,182
Regina General	Regeneration Program	Underway	68,948,414	1,757,300
Regina Pasqua	Renovations – general	Completed	39,414	39,414
Regina Pasqua	Regeneration Program	Underway	53,335,779	6,618,700
Regina Plains Health Centre	Renovations – Rheumatic disease unit	Completed	27,000	27,000
Regina Plains Health Centre	Renovations – general	Completed	44,508	44,508
Regina Plains Health Centre	Central Control and moitoring system development study	Planning	73,311	–
Regina Plains Health Centre	Renovations – Nuclear medicine	Planning	61,218	–
Regina Plains Health Centre	Renovations – bumper rail installation	Underway	49,475	43,000
Rockglen Union	Renovations – energy conservation	Planning	21,588	–
Rosetown Union	Renovations – mechanical	Completed	33,918	33,918
Rosthern Union	Renovations – general	Completed	5,025	5,025
Saskatoon City	Renovations – fire safety	Underway	560,000	125,000
Saskatoon City	Planning costs	Completed	93,343	93,343
Saskatoon, St. Paul's	Functional Program	Completed	51,586	1,186
Saskatoon, St. Paul's	Dialysis Unit	Completed	401,598	10,398
Saskatoon, St. Paul's	Interim Planning	Completed	32,161	4,111
Saskatoon, St. Paul's	Renovations – fire safety	Underway	490,400	132,526
Saskatoon, St. Paul's	Planning	Completed	100,921	100,921
Saskatoon, University	Community Psychiatric Program	Completed	500,000	75,000
Saskatoon, University	Major Renovations	Underway	30,000,000	4,000,000
Tisdale Union	Renovations – general	Underway	33,629	13,522
Uranium City Municipal	Extension and renovations	Completed	69,426	1,766
Vanguard Union	Renovations – mechanical	Underway	29,000	21,750
Wakaw Union	Extension and renvovations	Planning	85,000	–
Watrous Union	New – 25 bed hospital	Planning	1,967,600	62,278
Wilkie Union	Replace roof	Underway	84,877	63,657
Wolseley Memorial Union	Extension and renovations	Completed	141,884	8,567
Yorkton Union	Major expansion and renovations	Planning	4,480,120	149,043
Total			$194,015,220	$18,022,396
Rehabilitation and Extended Care Hospitals				
Regina, Wascana Hospital	Renovations – fire safety	Underway	$ 55,000	$ –
Regina, Wascana Hospital	Renovations – general	Completed	12,896	12,896
Regina, Wascana Hospital	Renovations – Work assessment and conditioning unit	Completed	22,472	22,472
Total			$ 90,368	$ 35,368
Community Health & Social Centres				
Hodgeville	Renovations – general	Underway	$ 6,600	$ –
Total			$ 6,600	$ –
Other Facilities				
Canadian Red Cross Blood Depot – Saskatoon	Renovations – relocated Hepatitis Laboratory	Underway	50,000	35,000
Total			$ 50,000	$ 35,000
Grand Total			$194,162,188	$18,092,764

Appendix C
Population Covered

Appendix C-1
Age and Sex Distribution of Covered Population* for Selected Years 1947-1982

Year**	All Ages	Under 1	1-4	5-14	15-24	25-44	45-64	65+
				Both Sexes				
1947	780,445	20,071	64,106	143,349	139,668	213,985	144,699	54,567
1951	779,470	19,044	73,284	143,165	121,773	215,603	141,797	64,813
1956	831,074	22,011	81,432	165,668	116,737	221,200	147,222	76,801
1961	910,139	22,982	90,649	198,977	127,335	221,469	163,149	85,578
1966	951,434	19,501	88,576	213,951	151,738	210,633	178,198	88,837
1971	938,527	16,878	66,662	206,366	170,043	197,670	186,739	94,169
1976	949,463	16,061	62,886	178,091	189,661	211,564	187,812	103,388
1981	990,746	15,840	66,659	159,580	193,959	253,237	184,748	116,723
1982	1,000,667	16,160	67,645	159,951	190,428	263,058	183,940	119,485
				Males				
1947	407,336	10,271	32,870	72,821	68,697	109,495	81,376	31,806
1951	404,262	9,789	37,567	73,153	59,964	108,384	77,895	37,501
1956	429,166	11,245	42,141	84,938	58,077	110,554	78,571	43,640
1961	468,881	11,918	46,860	102,389	63,940	110,883	85,475	47,416
1966	484,979	10,028	45,211	109,777	76,573	105,624	91,434	46,332
1971	473,600	8,597	34,252	105,394	85,560	98,622	93,877	47,298
1976	478,886	8,103	32,080	90,930	97,106	106,934	93,772	49,961
1981	498,641	8,199	34,126	81,605	99,029	129,112	92,102	54,468
1982	503,095	8,306	34,866	81,722	97,162	134,106	91,611	55,322
				Females				
1947	373,109	9,800	31,236	70,528	70,971	104,490	63,323	22,761
1951	375,208	9,246	35,717	70,003	61,809	107,219	63,902	27,312
1956	401,908	10,766	39,291	80,730	58,660	110,646	68,651	33,164
1961	441,258	11,064	43,789	96,588	63,395	110,586	77,674	38,162
1966	466,455	9,473	43,365	104,174	75,165	105,009	86,764	42,505
1971	464,927	8,281	32,410	100,972	84,483	99,048	92,862	46,871
1976	470,577	7,958	30,806	87,161	92,555	104,630	94,040	53,427
1981	492,105	7,641	32,533	77,975	94,930	124,125	92,646	62,255
1982	497,572	7,854	32,779	78,229	93,266	128,952	92,329	64,163

* A detailed "Covered Population Report" is published yearly and is available for a charge from SHSP. "Covered Population" refers to all persons eligible to receive SHSP insured services. Caution should be exercised in using these figures as population estimates. They may not agree with Statistics Canada Census figures.
** The years prior to 1965 include all persons provided with any coverage between January and August 31. The years since 1965 include all persons who were eligible at June 30.

Appendix C-2

Distribution of Population by Age Group and Type of Residence, and Percentage Change: 1972, 1977, 1982

Year*	Group	Total	Type of Residence				
			Cities	Towns	Villages	Rural	Reservations
1972	Total	934,607	400,126	142,324	85,585	272,456	34,116
	Under 1	15,774	7,560	2,130	1,362	3,480	1,242
	1-4	65,424	29,192	8,914	5,941	15,985	5,392
	5-14	200,062	81,584	28,326	17,872	61,332	10,948
	15-24	172,079	76,752	23,445	14,431	50,932	6,519
	25-44	197,216	95,301	27,456	15,991	52,367	6,101
	45-64	187,055	71,921	28,873	17,488	66,056	2,717
	65+	96,997	37,816	23,180	12,500	22,304	1,197
1977	Total	961,526	435,802	160,990	81,643	244,101	38,990
	Under 1	16,256	7,539	2,550	1,460	3,441	1,266
	1-4	63,770	27,896	9,929	5,633	15,010	5,302
	5-14	173,724	73,110	25,652	13,904	48,635	12,423
	15-24	194,775	92,701	28,909	14,877	50,064	8,224
	25-44	219,422	110,880	32,331	16,417	52,521	7,273
	45-64	187,949	79,486	32,687	16,325	56,277	3,174
	65+	105,630	44,190	28,932	13,027	18,153	1,328
1982	Total	1,000,667	475,621	167,815	80,183	232,032	45,016
	Under 1	16,160	7,357	2,516	1,449	3,332	1,506
	1-4	67,645	30,237	10,496	5,960	15,246	5,706
	5-14	159,951	69,416	23,965	12,682	41,062	12,826
	15-24	190,428	94,589	27,573	13,356	44,301	10,609
	25-44	263,058	138,567	38,831	18,472	58,000	9,188
	45-64	183,940	83,287	31,351	14,490	51,116	3,696
	65+	119,485	52,168	33,083	13,774	18,975	1,485
Percentage Changes: 1972-1982							
	Total	7.1	18.9	17.9	(6.3)	(14.8)	32.0
	Under 1	2.5	(2.7)	18.1	6.4	(4.3)	21.3
	1-4	3.4	3.6	17.8	0.3	(4.6)	5.8
	5-14	(20.1)	(14.9)	(15.4)	(29.0)	(33.1)	17.2
	15-24	10.7	23.2	17.6	(7.5)	(13.0)	62.7
	25-44	33.4	45.4	41.4	15.5	10.8	50.6
	45-64	(1.7)	15.8	8.6	(17.1)	(22.6)	36.0
	65+	23.2	38.0	42.7	10.2	(14.9)	24.1

( ) indicates a decrease
* includes all persons who were eligible at June 30

Appendix D
Payments for Saskatchewan Beneficiaries at all Locations

Appendix D-1
Saskatchewan Hospitalization Fund Payments for Years 1980-81 to 1982-83

Item	April 1/80 to Mar 31/81	April 1/81 to Mar 31/82	April 1/82 to Mar 31/83
Total Payments	$325,402,714	$348,157,272	$412,123,291
Percent increase over Previous Year	20.94	6.99	18.37
Per Capita Cost*	$ 331.28	$ 351.41	$ 411.85
Total Hospital Payments	$321,737,722	$344,287,100	$407,581,203
Percent of Total Payments	98.87	98.89	98.90
Percent increase over Previous Year	20.92	7.01	18.38
Total Hospital Payments – Saskatchewan Residents	$321,737,722	$343,810,889	$407,810,682
Percent of Total Hospital Payments	100.00	99.86	100.06
Percent increase over Previous Year	20.92	6.86	18.61
Per Capita Cost*	$ 327.55	$ 347.02	$ 407.54
Total Inpatient Payments	$282,919,745	$296,722,604	$356,086,346
Percent of Total Hospital Payments – Saskatchewan Residents	87.93	86.30	87.32
Percent increase over Previous Year	21.31	4.88	20.01
Inpatient Payments – General Hospitals	$258,209,045	$284,451,411	$347,038,589
Percent of Total Hospital Payments – Saskatchewan Residents	80.25	82.73	85.10
Percent increase over Previous Year	21.88	3.57	22.00
Inpatient Payments – Rehabilitation and Extended Care Hospitals	$ 24,710,700	$ 12,271,193	$ 9,047,757
Percent of Total Hospital Payments – Saskatchewan Residents	7.68	3.57	2.22
Percent increase over Previous Year	15.66	(50.34)	(26.27)
Outpatient Payments†	$ 39,571,048	$ 47,937,101	$ 52,616,576
Percent of Total Hospital Payments – Saskatchewan Residents	12.30	13.94	12.90
Percent increase over Previous Year	18.07	21.14	9.76
Recoveries – Third Party Liability	$ 753,071	$ 848,816	$ 892,240
Percent of Total Hospital Payments – Saskatchewan Residents	.23	.24	.22
Percent increase over Previous Year	14.77	12.71	5.11
Total Hospital Payments – Reciprocal Billings for Non-Saskatchewan Residents	$ –	$ 476,211	$ (229,479)
Percent of Total Hospital Payments	–	.14	(.06)
Total Administration Payments	$ 3,664,992	$ 3,870,172	$ 4,542,088
Percent of Total Payments	1.13	1.11	1.10
Percent increase over Previous Year	23.53	5.60	17.36
Per Capita Cost*	$ 3.73	$ 3.91	$ 4.54

* Based on total covered population as shown in Appendix C-1

† Excludes Rehabilitation and Extended Care Hospitals except Wascana Hospital which provides outpatient services

Appendix D-2
Separations, Patient Days, Average Days of Stay and Cost of Inpatient Care in General Hospitals for Adults and Children, and Newborns by Hospital Location for the Fiscal Years 1981-82 and 1982-83

	Total		Saskatchewan Institutions		Institutions in Other Provinces		Institutions in Other Countries	
Item	1981-82	1982-83	1981-82	1982-83	1981-82	1982-83	1981-82	1982-83
Adults and Children								
Separations	200,706	207,313	195,002	200,745	5,193	5,943	511	625
Patient Days for Separations	1,963,850	1,643,656	1,906,665	1,594,300	52,566	44,560	4,619	4,796
Average Days of Stay	9.8*	7.9	9.8*	7.9	10.1	7.5	9.0	7.7
Newborns								
Separations	17,677	17,878	17,223	17,469	440	391	14	18
Patient Days for Separations	97,107	96,738	94,711	94,605	2,354	2,067	42	66
Average Days of Stay	5.5	5.4	5.5	5.4	5.4	5.3	3.0	3.7
Total Payments by SHSP	$284,451,411	$347,038,589	$275,723,445	$335,559,823	$7,934,899	$10,460,819	$ 793,067	$1,017,947
Adults and Children	282,505,407	345,095,225	273,829,225	333,667,723	7,887,727	10,415,066	788,455	1,012,436
Newborns	1,946,004	1,943,364	1,894,220	1,892,100	47,172	45,753	4,612	5,511
Average Cost Per Patient Day								
Adults and Children	$ 143.85	$ 209.96	$ 143.62	$ 209.29	$ 150.05	$ 233.73	$ 170.70	$ 211.10
Newborns**	20.04	20.09	20.00	20.00	20.04	22.13	109.81	83.50
Average Cost Per Separation								
Adults and Children	$ 1,407.56	$ 1,664.60	$ 1,404.24	$ 1,662.15	$ 1,518.92	$ 1,752.49	$1,542.96	$1,619.90
Newborns	110.09	108.70	109.98	108.31	107.21	117.02	329.43	306.17

* The average length of stay for 1981-82 appears longer due to the transfer of responsibility for Level 4 patients from SHSP to Saskatchewan Social Services. All extended care patients were discharged and re-admitted July 1, 1981.

** Effective April 1, 1979, the average cost per day for newborns in Saskatchewan is based on $20.00 per day as established in semi-monthly payments to hospitals. The average cost per day for newborns outside Saskatchewan is based on the actual rate paid per newborn as determined by an analysis of out-of-province accounts. Effective April 1, 1978, hospital services provided outside Canada to newborns may be made at the average daily charge for hospital services to a maximum equal to seventy-five percent of the average urban patient day payment in the fiscal year preceding the fiscal year in which the hospital services were provided.

The above appendix excludes services provided by rehabilitation and extended care hospitals.

Appendix D-3
Summary of Inpatient Separations by Type of Responsibility April 1, 1982-March 31, 1983

	Separations		Patient Days	
	Adults & Children	Newborns	Adults & Children	Newborns
A. Responsibility of SHSP	208,085	17,878	1,665,951	96,738
1. Hospitalized in the province	201,517	17,469	1,616,595	94,605
I. General Hospitals –				
Total	200,745	17,469	1,594,300	94,605
Acute Care Units	197,020	17,469	1,513,499	94,605
Psychiatric Units	3,565		76,468	
Other Units	160		4,333	
II. Rehabilitation and Extended Care Hospitals	772		22,295	
2. Hospitalized in other provinces	5,943	391	44,560	2,067
3. Hospitalized in other countries	625	18	4,796	66
B. Not the Responsibility of SHSP (excluding patients of mental and tuberculosis institutions)	6,484	219	248,430	1,053
1. Workers' Compensation Board	1,211		8,375	
2. Department of Veterans Affairs	365		3,456	
3. Non-Residents	149	6	669	23
4. Other Agencies	3,631	212	20,932	1,022
5. Insured Residents not the Responsibility of SHSP				
I. Designated Level 4*	763		172,824	
II. Non-designated Level 4*	328		42,061	
III. Other	37	1	113	8
C. Total	214,569	18,097	1,914,381	97,791
D. Covered Population	1,000,667			

* Separations and patient days for Level 4 patients in general hospitals were 603 and 107,578 respectively. In Extended Care facilities there were 488 Level 4 separations and 107,307 patient days.

Appendix D-4
Volume and Rate of General Hospital Inpatient Care for Selected Years for Saskatchewan Beneficiaries

		Adults and Children					Newborns		
Year	Covered Population	Separations	Separations per 1,000 Population	Patient Days	Patient Days Per 1,000 Population	Average Days Stay	Separations	Patient Days	Average Days Stay
1947*		121,951		1,221,453		10.0	20,415	187,092	9.2
1951*		154,848		1,715,232		11.1	19,729	169,062	8.6
1956*		168,147		1,744,592		10.4	22,352	165,597	7.4
1961	910,139	191,806	211	1,863,515	2,048	9.7	23,505	159,998	6.8
1966	951,434	203,917	214	1,939,202	2,038	9.5	19,105	124,907	6.5
1971	938,527	216,122	230	1,963,059	2,092	9.1	16,138	103,296	6.4
1975	931,921	199,555	214	1,785,895	1,916	8.9	14,762	87,791	5.9
1976	949,463	197,487	208	1,731,130	1,823	8.8	16,289	93,523	5.7
1977-78	961,526	204,694	213	1,788,890	1,860	8.7	16,870	95,011	5.6
1978-79	970,510	198,906	205	1,708,456	1,760	8.6	16,330	89,951	5.5
1979-80	976,734	200,801	205	1,739,935	1,781	8.7	16,459	92,918	5.6
1980-81	982,257	202,206	206	1,801,564	1,834	8.9	16,968	91,852	5.4
1981-82**	990,746	200,706	203	1,963,850	1,982	9.8	17,677	97,107	5.5
1982-83***	1,000,667	207,313	207	1,643,656	1,643	7.9	17,878	96,738	5.4

* Indian Separations, patient days and population are not available for these years.

** Both separations and patient days are inflated for 1981-82 due to the transfer of responsibility for Level 4 patients from SHSP to Saskatchewan Social Services. All extended care patients in general hospitals were shown as discharged and re-admitted July 1, 1981.

*** 1982-83 figures for separations and patient days reflect the first full year that SHSP was not responsible for Level 4 patients. Separations and patient days for 1982-83 Level 4 patients in general hospitals were 603 and 107,578 respectively.

Appendix E
Acute Care Utilization by Saskatchewan Beneficiaries

Appendix E-1

Age and Sex Incidence of Acute Care Hospitalization in General Hospitals April 1, 1982-March 31, 1983

	All Ages	Under 1*	1-4	5-14	15-24	25-44	45-64	65+
Covered Population								
Both Sexes	1,000,667	16,160	67,645	159,951	190,428	263,058	183,940	119,485
Male	503,095	8,306	34,866	81,722	97,162	134,106	91,611	55,322
Female	497,572	7,854	32,779	78,229	93,266	128,952	92,329	64,163
Separations								
Both Sexes	203,588	5,928	19,380	15,050	29,078	41,402	34,825	57,925
Male	87,628	3,322	11,054	8,064	7,858	11,271	17,134	28,925
Female	115,960	2,606	8,326	6,986	21,220	30,131	17,691	29,000
Separations Per 1,000 Covered								
Both Sexes	203	367	286	94	153	157	189	485
Male	174	400	317	99	81	84	187	523
Female	233	332	254	89	228	234	192	452
Patient Days								
Both Sexes	1,562,855	36,367	99,290	61,362	131,254	217,314	284,753	732,515
Male	714,648	21,114	56,795	32,744	40,119	63,242	144,552	356,082
Female	848,207	15,253	42,495	28,618	91,135	154,072	140,201	376,433
Days Per 1,000 Covered								
Both Sexes	1,562	2,250	1,468	384	689	826	1,548	6,131
Male	1,421	2,542	1,629	401	413	472	1,578	6,437
Female	1,705	1,942	1,296	366	977	1,195	1,518	5,867
Average Days of Stay								
Both Sexes	7.7	6.1	5.1	4.1	4.5	5.2	8.2	12.6
Male	8.2	6.4	5.1	4.1	5.1	5.6	8.4	12.3
Female	7.3	5.9	5.1	4.1	4.3	5.1	7.9	13.0

* Under 1 age group includes children born in 1982-83 who were re-admitted to hospital in 1982-83, and excludes newborn patients born in hospital or admitted with their mother for care.

Appendix E-2

Separations, Patient Days and Corresponding Rates by Residence

(For Provincial Plan Inpatients of General Hospitals, Including Out-of-Province Hospitalization)
April 1, 1982-March 31, 1983

Population Centre	Covered Population	Adults and Children			Newborns	
		Separations During Year	Patient Days	Average Days Stay	Separations During Year	Patient Days
Total	1,000,667	203,588	1,562,855	7.7	17,878	96,738
Incorporated cities, towns and villages with population:						
100,000 and over						
Regina	165,952	23,488	174,010	7.4	2,948	16,161
Saskatoon	159,581	18,306	148,206	8.1	2,745	14,988
30,000-99,999						
Moose Jaw	34,677	7,389	76,205	10.3	611	3,260
Prince Albert	32,522	5,056	38,966	7.7	534	2,863
10,000-29,999						
Yorkton	15,862	3,381	29,324	8.7	230	1,322
Swift Current	15,366	3,055	27,843	9.1	256	1,675
North Battleford	14,425	2,876	24,422	8.5	249	1,705
5,000-9,999						
Weyburn	9,679	2,390	20,599	8.6	132	726
Estevan	9,487	2,511	17,077	6.8	182	996
Melfort	6,371	1,315	13,214	10.0	86	496
Lloydminster	6,236	1,153	8,225	7.1	156	822
Melville	5,463	1,373	12,393	9.0	69	380
2,500-4,999	55,151	14,440	120,621	8.4	942	4,999
1,000-2,499	66,332	18,114	148,816	8.2	1,139	5,562
Under 1,000	126,515	35,910	294,259	8.2	2,227	11,779
Unincorporated places and rural areas	232,032	41,064	269,989	6.6	3,712	19,037
Indian Reservations	45,016	21,767	138,686	6.4	1,660	9,967

Rate Per 1,000 Population

Population Centre	Adults and Children		Newborns	
	Separations During Year	Patient Days	Separations During Year	Patient Days
Total	203	1,562	18	97
Incorporated cities, towns and villages with population:				
100,000 and over				
Regina	142	1,049	18	97
Saskatoon	115	929	17	94
30,000-99,999				
Moose Jaw	213	2,198	18	94
Prince Albert	155	1,198	16	88
10,000-29,999				
Yorkton	213	1,849	15	83
Swift Current	199	1,812	17	109
North Battleford	199	1,693	17	118
5,000-9,999				
Weyburn	247	2,128	14	75
Estevan	265	1,800	19	105
Melfort	206	2,074	13	78
Lloydminster	185	1,319	25	132
Melville	251	2,269	13	70
2,500-4,999	262	2,187	17	91
1,000-2,499	273	2,244	17	84
Under 1,000	284	2,326	18	93
Unincorporated places and rural areas	177	1,164	16	82
Indian Reservations	484	3,081	37	221

Appendix E-3
Inpatient Care By Diagnosis (Canadian List) for Adults, Children and Newborns (Including out-of-province hospitalization)**
April 1, 1982-March 31, 1983

ICD9 Code	Canadian List Number and Diagnosis	Separations	Separations Per 1,000 Covered	Patient Days	Patient Days Per 1,000 Covered	Average Days of Stay
001-139	**I. Infectious and Parasitic Diseases**	2,424	2.4	19,215	19	7.9
002	001. Typhoid and paratyphoid fevers	0	*	0	*	0.0
003, 005	002. Salmonella infections and other food poisoning (bacterial)	78	0.1	610	1	7.8
001, 004, 006-009	003. Other intestinal infections	577	0.6	3,959	4	6.9
010-018	004. Tuberculosis	118	0.1	3,577	4	30.3
034-035	005. Strep throat, scarlet fever, erysipelas	71	0.1	312	*	4.4
020-033, 036-041	006. All other bacterial diseases	171	0.2	1,704	2	10.0
045	007. Acute poliomyelitis	3	*	50	*	16.7
062-064	008. Arthropod-borne encephalitis	2	*	112	*	56.0
070	009. Viral hepatitis	65	0.1	491	*	7.6
046-061, 065-066, 071-088	010. Other viral and arthropod-borne diseases	1,048	1.0	5,780	6	5.5
090-099	011. Syphilis and other venereal diseases	50	*	468	*	9.4
137	012. Late effects of tuberculosis	0	*	0	*	0.0
138	013. Late effects of acute poliomyelitis	1	*	3	*	3.0
100-136, 139	014. Other infectious and parasitic diseases and late effects of other infectious and parasitic diseases	240	0.2	2,149	2	9.0
140-239	**II. Neoplasms**	9,630	9.6	142,237	142	14.8
140-149	015. Malignant neoplasm of lip, oral cavity, and pharynx	123	0.1	2,112	2	17.2
150	016. Malignant neoplasm of esophagus	75	0.1	1,393	1	18.6
151	017. Malignant neoplasm of stomach	235	0.2	4,112	4	17.5
152	018. Malignant neoplasm of small intestine, including duodenum	29	*	537	1	18.5
153	019. Malignant neoplasm of colon	506	0.5	11,525	12	22.8
154	020. Malignant neoplasm of rectum, rectosigmoid junction and anus	311	0.3	6,205	6	20.0
155, 156	021. Malignant neoplasm of liver, gallbladder and bile ducts	119	0.1	1,940	2	16.3
157	022. Malignant neoplasm of pancreas	208	0.2	4,252	4	20.4
158, 159	023. Malignant neoplasm of other digestive organs and peritoneum	54	0.1	886	1	16.4
162	024. Malignant neoplasm of trachea, bronchus and lung	913	0.9	15,952	16	17.5
160, 161, 163-165	025. Malignant neoplasm of other respiratory and intrathoracic organs	106	0.1	2,062	2	19.5
170, 171	026. Malignant neoplasm of bone, connective and other soft tissues	124	0.1	2,371	2	19.1
172, 173	027. Malignant neoplasm of skin	269	0.3	2,674	3	9.9
174, 175	028. Malignant neoplasm of breast	712	0.7	9,913	10	13.9
180	029. Malignant neoplasm of cervix uteri	82	0.1	853	1	10.4
179, 181, 182	030. Malignant neoplasm of other parts of uterus	179	0.2	2,258	2	12.6
183	031. Malignant neoplasm of ovary and other uterine adnexa	196	0.2	3,216	3	16.4
184	032. Malignant neoplasm of other and unspecified female genital organs	20	*	383	*	19.2
185	033. Malignant neoplasm of prostate	912	0.9	15,963	16	17.5
186	034. Malignant neoplasm of testis	37	*	312	*	8.4
187	035. Malignant neoplasm of penis and other male genital organs	14	*	280	*	20.0
188	036. Malignant neoplasm of bladder	449	0.4	4,619	5	10.3
189	037. Malignant neoplasm of kidney and other and unspecified urinary organs	149	0.1	2,705	3	18.2

Appendix E-3

Inpatient Care By Diagnosis (Canadian List) for Adults, Children and Newborns (Including out-of-province hospitalization)**
April 1, 1982-March 31, 1983

ICD9 Code	Canadian List Number and Diagnosis	Separations	Separations Per 1,000 Covered	Patient Days	Patient Days Per 1,000 Covered	Average Days of Stay
191	038. Malignant neoplasm of brain	106	0.1	2,653	3	25.0
190, 192-199	039. Malignant neoplasm of all other and unspecified sites	749	0.7	13,914	14	18.6
204-208	040. Leukemia	344	0.3	5,043	5	14.7
200-203	041. Malignant neoplasm of other lymphatic and hematopoietic tissues	535	0.5	8,161	8	15.3
218-221	042. Benign neoplasm of female genital organs	559	0.6	4,565	5	8.2
224-225	043. Benign neoplasm of eye, brain, nerves	58	0.1	1,695	2	29.2
210-217, 222, 223, 226-229	044. Benign neoplasm of other sites	949	0.9	5,023	5	5.3
233	045. Carcinoma of breast and genitourinary system	145	0.1	932	1	6.4
230-232, 234	046. Carcinoma of all other and unspecified sites	15	*	122	*	8.1
235-238	047. Neoplasms of uncertain behaviour	153	0.2	1,672	2	10.9
239	048. Neoplasms of unspecified nature	195	0.2	1,934	2	9.9
240-279	**III. Endocrine, Nutritional and Metabolic Diseases**	4,753	4.7	55,803	56	11.7
240-246	049. Disorders of the thyroid gland	254	0.3	2,274	2	9.0
250	050. Diabetes mellitus	3,443	3.4	43,303	43	12.6
251-259	051. Disorders of other endocrine glands	279	0.3	1,858	2	6.7
270-279	052. All other endocrine and metabolic diseases and immunity disorders	726	0.7	7,543	8	10.4
260-269	053. Nutritional deficiencies	51	0.1	825	1	16.2
280-289	**IV. Diseases of Blood and Blood-Forming Organs**	1,504	1.5	13,399	13	8.9
280-285	054. Anemias	968	1.0	10,230	10	10.6
287	055. Purpura and other hemorrhagic conditions	118	0.1	1,235	1	10.5
286, 288, 289	056. All other diseases of blood and related organs	418	0.4	1,934	2	4.6
290-319	**V. Mental Disorders**	4,980	5.0	56,051	56	11.3
290	057. Senile and presenile organic psychotic conditions	264	0.3	8,162	8	30.9
291	058. Alcoholic psychoses	343	0.3	2,033	2	5.9
295	059. Schizophrenic psychoses	234	0.2	3,335	3	14.3
296	060. Affective psychoses	497	0.5	5,840	6	11.8
292-294, 297-299	061. Other psychoses	286	0.3	4,069	4	14.2
300, 301	062. Neurotic and personality disorders	1,328	1.3	8,218	8	6.2
303	063. Alcohol dependence syndrome	506	0.5	4,491	4	8.9
304	064. Drug dependence	32	*	267	*	8.3
317-319	065. Mental retardation	36	*	5,774	6	160.4
302, 305-316	066. Other mental disorders	1,454	1.5	13,862	14	9.5
320-389	**VI. Diseases of the Nervous System and Sense Organs**	9,003	9.0	65,521	65	7.3
320-326	067. Meningitis and other inflammatory diseases of CNS	158	0.2	1,729	2	10.9
332	068. Parkinson's disease	240	0.2	5,009	5	20.9
330, 331, 333-337	069. Other hereditary and degenerative diseases of central nervous system	252	0.3	8,057	8	32.0
340	070. Multiple sclerosis	194	0.2	3,326	3	17.1
345	071. Epilepsy	578	0.6	3,007	3	5.2
341-344, 346-359	072. Other diseases of central nervous system	1,751	1.7	19,066	19	10.9
365	073. Glaucoma	217	0.2	1,185	1	5.5
366	074. Cataract	1,643	1.6	8,215	8	5.0
378	075. Strabismus	364	0.4	933	1	2.6
360-364, 367-377, 379	076. Other disorders of the eye and adnexa	874	0.9	4,790	5	5.5
381, 382	077. Otitis media not with mastoiditis	2,091	2.1	7,385	7	3.5
383	078. Mastoiditis	26	*	128	*	4.9
380, 384-389	079. Other diseases of ear and mastoid process	615	0.6	2,691	3	4.4

Appendix E-3 – (Continued)

Inpatient Care By Diagnosis (Canadian List) for Adults, Children and Newborns (Including out-of-province hospitalization)**
April 1, 1982-March 31, 1983

ICD9 Code	Canadian List Number and Diagnosis	Separations	Separations Per 1,000 Covered	Patient Days	Patient Days Per 1,000 Covered	Average Days of Stay
390-459	**VII. Diseases of the Circulatory System**	21,088	21.1	254,745	255	12.1
390, 392	080. Acute rheumatic fever	26	*	219	*	8.4
393-398	081. Chronic rheumatic heart disease	160	0.2	2,020	2	12.6
401-405	082. Hypertensive disease	1,664	1.7	14,258	14	8.6
410	083. Acute myocardial infarction	2,178	2.2	27,451	27	12.6
411-414	084. All other forms of ischemic heart disease	4,680	4.7	41,432	41	8.9
415-417	085. Diseases of pulmonary circulation	303	0.3	4,302	4	14.2
420-429	086. Other forms of heart disease	5,451	5.4	60,542	61	11.1
430-432	087. Intracerebral and intracranial hemorrhage	230	0.2	4,510	5	19.6
433, 434	088. Cerebral embolism and thrombosis	328	0.3	5,777	6	17.6
435-438	089. Other and late effects of cerebrovascular diseases	2,573	2.6	55,523	55	21.6
440	090. Atherosclerosis	173	0.2	3,619	4	20.9
441-448	091. Other diseases of arteries and capillaries	942	0.9	12,157	12	12.9
451-453	092. Phlebitis, thrombophlebitis and venous embolism and thrombosis	823	0.8	8,856	9	10.8
454	093. Varicose veins of lower extremities	551	0.6	6,636	7	12.0
455	094. Hemorrhoids	713	0.7	4,633	5	6.5
456-459	095. Other diseases of circulatory system	293	0.3	2,810	3	9.6
460-519	**VIII. Diseases of the Respiratory System**	31,986	32.0	197,597	197	6.2
460-465	096. Acute upper respiratory infection	5,355	5.4	21,358	21	4.0
470	097. Deflected nasal septum	775	0.8	2,432	2	3.1
473	098. Chronic sinusitis	238	0.2	1,095	1	4.6
474	099. Chronic diseases of tonsils and adenoids	3,673	3.7	8,091	8	2.2
471, 472, 475-478	100. Other diseases of upper respiratory tract	539	0.5	2,125	2	3.9
480-483, 485, 486	101. Pneumonia	6,211	6.2	54,277	54	8.7
487	102. Influenza	2,591	2.6	14,011	14	5.4
490-492	103. Bronchitis and emphysema	3,773	3.8	27,170	27	7.2
493	104. Asthma	3,322	3.3	18,122	18	5.5
494-496	105. Other COPD and allied conditions	1,486	1.5	19,202	19	12.9
500-508	106. Pneumoconioses and allied conditions	62	0.1	681	1	11.0
510-513	107. Empyema and abscess on lung and mediastinum	26	*	647	1	24.9
466, 511, 512, 514-519	108. Other diseases of respiratory system	3,935	3.9	28,386	28	7.2
520-579	**IX. Diseases of the Digestive System**	25,813	25.8	177,381	177	6.9
520-525	109. Diseases of teeth and support structures	960	1.0	2,041	2	2.1
526-529	110. Other diseases of oral cavity and jaw	386	0.4	2,350	2	6.1
532	111. Ulcer of duodenum	697	0.7	6,502	6	9.3
531, 533	112. Ulcer of stomach-peptic, site unspecified	712	0.7	5,980	6	8.4
535	113. Gastritis and duodenitis	1,910	1.9	9,195	9	4.8
530, 534, 536, 537	114. Other diseases of esophagus, stomach and duodenum	738	0.7	5,711	6	7.7
540-543	115. Appendicitis	1,721	1.7	9,373	9	5.4
550	116. Inguinal hernia	1,995	2.0	11,203	11	5.6
551, 552	117. Other hernia of abdominal cavity with obstruction or gangrene	137	0.1	1,292	1	9.4
553	118. Other hernia of abdominal cavity without obstruction or gangrene	952	1.0	7,135	7	7.5
560	119. Intestinal obstruction no hernia	1,054	1.1	9,189	9	8.7
555-558	120. Non-infective enteritis and colitis	6,691	6.7	37,600	38	5.6
562, 565-569	121. Other diseases of the intestine and peritoneum	2,512	2.5	19,847	20	7.9
571	122. Chronic liver diseases and cirrhosis	311	0.3	4,758	5	15.3
570, 572, 573	123. Other diseases of liver	171	0.2	1,951	2	11.4
574	124. Cholelithiasis	2,434	2.4	22,864	23	9.4

Appendix E-3 — (Continued)

Inpatient Care By Diagnosis (Canadian List) for Adults, Children and Newborns (Including out-of-province hospitalization)**
April 1, 1982-March 31, 1983

ICD9 Code	Canadian List Number and Diagnosis	Separations	Separations Per 1,000 Covered	Patient Days	Patient Days Per 1,000 Covered	Average Days of Stay
575	125. Other diseases of gallbladder	931	0.9	6,866	7	7.4
576	126. Other diseases of biliary tract	154	0.2	1,745	2	11.3
577	127. Diseases of pancreas	547	0.5	5,451	5	10.0
578-579	128. Other diseases of digestive system	800	0.8	6,328	6	7.9
580-629	**X. Diseases of the Genitourinary System**	14,740	14.7	95,512	95	6.5
580-583	129. Nephritis, nephrotic syndrome and nephrosis	128	0.1	1,388	1	10.8
590	130. Infections of kidney	738	0.7	4,644	5	6.3
592, 594	131. Calculus of urinary system	719	0.7	4,942	5	6.9
584-589, 591, 593, 595-599	132. Other diseases of urinary system	3,119	3.1	24,891	25	8.0
600	133. Hyperplasia of prostate	1,612	1.6	17,624	18	10.9
605	134. Redundant prepuce and phimosis	280	0.3	791	1	2.8
601-604, 606-608	135. Other diseases of male genital organs	747	0.7	4,207	4	5.6
610, 611	136. Disorders of the breast	824	0.8	2,858	3	3.5
614	137. Inflammatory diseases of ovary, fallopian tube, and pelvic peritoneum	940	0.9	4,877	5	5.2
615, 616	138. Inflammatory diseases of cervix uteri, uterus and vulva	337	0.3	1,423	1	4.2
618	139. Genital prolapse	903	0.9	9,195	9	10.2
626	140. Disorders of menstruation	1,710	1.7	5,297	5	3.1
617, 619-625, 627-629	141. Other diseases of female genital organs	2,683	2.7	13,375	13	5.0
630-676	**XI. Complications of Pregnancy and Childbirth**	26,258	26.2	119,657	120	4.6
634	142. Spontaneous abortion	409	0.4	936	1	2.3
635	143. Legally induced abortion	201	0.2	453	*	2.3
636-638	144. Other abortion	1,170	1.2	2,350	2	2.0
630-633, 639	145. Other pregnancy with abortive outcome	385	0.4	1,639	2	4.3
650	146. Normal delivery	9,715	9.7	45,273	45	4.7
640, 641	147. Hemorrhage of pregnancy	1,261	1.3	5,086	5	4.0
642-648	148. Other complications of pregnancy	5,257	5.3	20,018	20	3.8
651-659	149. Indication for care in pregnancy, labour and delivery	2,854	2.9	18,523	19	6.5
660-669	150. Complications in labour and delivery	4,851	4.8	24,495	24	5.0
670-676	151. Complications of the puerperium	155	0.2	884	1	5.7
680-709	**XII. Diseases of the Skin and Subcutaneous Tissue**	2,673	2.7	22,344	22	8.4
680-686	152. Infections of skin and subcutaneous tissue	1,149	1.1	7,931	8	6.9
690-709	153. All other diseases of skin and subcutaneous tissue	1,524	1.5	14,413	14	9.5
710-739	**XIII. Diseases of the Musculoskeletal System**	8,944	8.9	80,274	80	9.0
714	154. Rheumatoid arthritis and allied conditions	603	0.6	8,882	9	14.7
710-712, 715-719	155. Other arthropathies and related disorders	2,749	2.7	28,149	28	10.2
722	156. Intervertebral disc disorders	1,146	1.1	8,361	8	7.3
720, 721, 723, 724	157. Other dorsopathies	1,683	1.7	12,700	13	7.5
725-729	158. Rheumatism, excluding the back	1,401	1.4	7,522	8	5.4
730	159. Osteomyelitis, periostitis, and other infections involving bones	163	0.2	2,947	3	18.1
731-739	160. Other diseases of musculoskeletal system and connective tissue	1,199	1.2	11,713	12	9.8

Appendix E-3 — (Continued)

Inpatient Care By Diagnosis (Canadian List) for Adults, Children and Newborns (including out-of-province hospitalization)**
April 1, 1982-March 31, 1983

ICD9 Code *	Canadian List Number and Diagnosis	Separations	Separations Per 1,000 Covered	Patient Days	Patient Days Per 1,000 Covered	Average Days of Stay
740-759	**XIV. Congenital Anomalies**	1,602	1.6	16,359	16	10.2
741	161. Spina bifida	30	*	289	*	9.6
740, 742	162. Other congenital anomalies of C.N.S.	50	*	5,456	5	109.1
745-747	163. Congenital anomalies of heart and circulatory system	248	0.2	2,135	2	8.6
749	164. Cleft palate and cleft lip	105	0.1	763	1	7.3
750, 751	165. Other congenital anomalies of digestive system	149	0.1	1,270	1	8.5
752, 753	166. Congenital anomalies of genito-urinary system	331	0.3	1,793	2	5.4
754-756	167. Congenital anomalies of musculoskeletal system	379	0.4	3,030	3	8.0
743, 744, 748, 757-759	168. Other congenital anomalies	310	0.3	1,623	2	5.2
760-779	**XV. Conditions Originating in the Perinatal Period**	4,217	4.2	35,455	35	8.4
764-765	169. Slow fetal growth and immaturity	673	0.7	11,720	12	17.4
767	170. Birth trauma	109	0.1	581	1	5.3
768-770	171. Intrauterine hypoxia, birth asphyxia and other respiratory conditions	643	0.6	4,911	5	7.6
773	172. Hemolytic disease of fetus or newborn	69	0.1	359	*	5.2
760-763, 766, 771, 772, 774-779	173. Other conditions in perinatal period	2,723	2.7	17,884	18	6.6
780-799	**XVI. Symptoms, Signs, and Ill-defined Conditions**	12,678	12.7	60,104	60	4.7
797	174. Senility without psychosis	145	0.1	4,263	4	29.4
780-796, 798, 799	175. Symptoms, signs, ill-defined conditions	12,533	12.5	55,841	56	4.5
800-999	**XVII. Injury and Poisoning (Nature)**	19,671	19.7	141,313	141	7.2
800-804, 850-854	176. Fractures of skull and intracranial injury	2,710	2.7	12,598	13	4.6
805-809	177. Fractures of spine and trunk	920	0.9	14,248	14	15.5
810-819	178. Fracture of upper limb	1,791	1.8	8,857	9	4.9
820, 821	179. Fractures of femur	1,326	1.3	29,939	30	22.6
822-829	180. Other fractures of lower limbs	1,561	1.6	13,758	14	8.8
830-848	181. Dislocations, sprains and strains	1,454	1.5	6,345	6	4.4
860-869	182. Internal injury of chest, abdomen and pelvis	365	0.4	3,214	3	8.8
870-904	183. Open wounds and blood vessel injury	1,698	1.7	7,665	8	4.5
930-939	184. Foreign body entering through orifice	277	0.3	730	1	2.6
940-949	185. Burns	480	0.5	5,321	5	11.1
950-957	186. Injury to nerves and spinal cord	97	0.1	375	*	3.9
960-979	187. Adverse effect of medical agents	1,702	1.7	4,741	5	2.8
980-989	188. Toxic effect of non-medicinal substances	416	0.4	824	1	2.0
996-999	189. Complications due to medical procedures	1,364	1.4	13,184	13	9.7
910-929, 958, 959, 990-995	190. Other injuries, early complications	3,186	3.2	16,201	16	5.1
905-909	191. Late effects of injuries, poisonings, toxic effects and other external causes	324	0.3	3,313	3	10.2
V01-V80	**Other Factors Influencing Health Status**	19,380	19.4	105,676	106	5.5
V20-V28	208. Contact re reproduction and development	1,292	1.3	3,901	4	3.0
V30-V39	209. Healthy liveborn infants	14,041	14.0	65,365	65	4.7
V50-V59	210. Specific procedures and after care	2,134	2.1	16,453	16	7.7
V01-V19, V40-V49, V60-V82	211. Other reasons for contact with health services	1,913	1.9	19,957	20	10.4
	Diagnosis not coded outside of Canada	122	0.1	950	1	7.8
Grand Total		221,466	221.3	1,659,593	1,658	7.5

* Less than 1 per 1,000 for patient days and less than 0.1 per 1,000 for separations
** A Canadian list of 211 diagnoses selected as a basis for study by provincial hospital insurance programs.

Appendix E-4

Inpatient Care by Diagnostic Chapter, Age and Sex (Including Out-of-Province Hospitalization)
April 1, 1982-March 31, 1983

ICD9 Code	Diagnostic Chapter	All Ages	Under 1	1-4	5-14	15-24	25-44	45-64	65+
001-139	**I. Infectious and Parasitic Diseases**								
	Separations								
	Both Sexes	2,424	261	602	382	356	274	218	331
	Male	1,218	147	336	204	160	128	97	146
	Female	1,206	114	266	178	196	146	121	185
	Patient Days								
	Both Sexes	19,215	1,924	4,411	1,816	1,942	2,090	2,329	4,703
	Male	9,754	1,048	2,449	899	828	1,134	1,066	2,330
	Female	9,461	876	1,962	917	1,114	956	1,263	2,373
140-239	**II. Neoplasms**								
	Separations								
	Both Sexes	9,630	20	61	124	283	1,148	3,046	4,948
	Male	4,773	8	23	51	122	241	1,278	3,050
	Female	4,857	12	38	73	161	907	1,768	1,898
	Patient Days								
	Both Sexes	142,237	134	427	869	2,102	9,339	40,881	88,485
	Male	75,282	71	151	410	915	2,355	18,454	52,926
	Female	66,955	63	276	459	1,187	6,984	22,427	35,559
240-279	**III. Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders**								
	Separations								
	Both Sexes	4,753	32	77	126	226	582	1,210	2,500
	Male	2,103	19	39	57	112	274	536	1,066
	Female	2,650	13	38	69	114	308	674	1,434
	Patient Days								
	Both Sexes	55,803	201	711	1,023	1,611	4,636	12,836	34,785
	Male	25,750	126	319	373	849	2,299	5,969	15,815
	Female	30,053	75	392	650	762	2,337	6,867	18,970
280-289	**IV. Diseases of Blood and Blood-Forming Organs**								
	Separations								
	Both Sexes	1,504	18	113	266	105	114	207	681
	Male	637	10	55	125	40	22	99	286
	Female	867	8	58	141	65	92	108	395
	Patient Days								
	Both Sexes	13,399	147	693	1,050	502	711	1,524	8,772
	Male	5,677	75	315	519	244	129	735	3,660
	Female	7,722	72	378	531	258	582	789	5,112
290-319	**V. Mental Disorders**								
	Separations								
	Both Sexes	4,980	3	14	95	479	1,348	1,418	1,623
	Male	2,235	2	8	41	200	685	652	647
	Female	2,745	1	6	54	279	663	766	976
	Patient Days								
	Both Sexes	56,051	67	268	1,843	3,366	12,789	12,085	25,633
	Male	23,948	8	210	252	1,146	5,938	5,442	10,952
	Female	32,103	59	58	1,591	2,220	6,851	6,643	14,681
320-389	**VI. Diseases of the Nervous System and Sense Organs**								
	Separations								
	Both Sexes	9,003	214	1,419	1,101	548	1,162	1,668	2,891
	Male	4,415	123	820	610	273	525	769	1,295
	Female	4,588	91	599	491	275	637	899	1,596
	Patient Days								
	Both Sexes	65,521	1,343	6,435	6,054	5,379	6,322	11,286	26,702
	Male	35,740	769	3,925	4,898	4,108	3,003	5,705	13,332
	Female	29,781	574	2,510	3,156	1,271	3,319	5,581	13,370

Appendix E-4 – (Continued)

Inpatient Care by Diagnostic Chapter, Age and Sex
(Including Out-of-Province Hospitalization)
April 1, 1982-March 31, 1983

ICD9 Code	Diagnostic Chapter	All Ages	Under 1	1-4	5-14	15-24	25-44	45-64	65+
390-459	**VII. Diseases of the Circulatory System**								
	Separations								
	Both Sexes	21,088	21	31	64	210	1,307	5,718	13,737
	Male	11,388	10	16	41	122	721	3,545	6,933
	Female	9,700	11	15	23	88	586	2,173	6,804
	Patient Days								
	Both Sexes	254,745	185	284	446	1,376	8,952	52,351	191,151
	Male	130,623	109	173	265	855	5,254	32,986	90,981
	Female	124,122	76	111	181	521	3,698	19,365	100,170
460-519	**VIII. Diseases of the Respiratory System**								
	Separations								
	Both Sexes	31,986	1,883	9,451	5,521	2,217	2,370	3,228	7,316
	Male	17,416	1,065	5,568	2,833	992	1,106	1,646	4,206
	Female	14,570	818	3,883	2,688	1,225	1,264	1,582	3,110
	Patient Days								
	Both Sexes	197,597	11,718	48,522	17,271	7,898	10,158	22,932	79,098
	Male	111,809	6,862	29,029	8,773	3,709	4,635	11,719	47,082
	Female	85,788	4,856	19,493	8,498	4,189	5,523	11,213	32,016
520-579	**IX. Diseases of the Digestive System**								
	Separations								
	Both Sexes	25,813	1,479	3,270	1,663	2,590	4,398	5,332	7,081
	Male	13,028	820	1,845	927	1,071	2,071	2,826	3,468
	Female	12,785	659	1,425	736	1,519	2,327	2,506	3,613
	Patient Days								
	Both Sexes	177,381	8,545	16,310	5,959	11,557	24,538	40,322	70,150
	Male	87,549	4,827	9,130	3,328	4,684	10,967	21,508	33,105
	Female	89,832	3,718	7,180	2,631	6,873	13,571	18,814	37,045
580-629	**X. Diseases of the Genitourinary System**								
	Separations								
	Both Sexes	14,740	94	359	612	1,935	4,144	3,660	3,936
	Male	4,879	76	184	243	235	472	1,119	2,550
	Female	9,861	18	175	369	1,700	3,672	2,541	1,386
	Patient Days								
	Both Sexes	95,512	399	1,708	2,466	7,651	19,362	23,498	40,428
	Male	41,186	303	595	1,054	1,378	2,322	8,359	27,175
	Female	54,326	96	1,113	1,412	6,273	17,040	15,139	13,253
630-676	**XI. Complications of Pregnancy, Childbirth and the Puerperium**								
	Separations								
	Both Sexes	26,258	0	0	17	11,881	14,351	9	0
	Male	0	0	0	0	0	0	0	0
	Female	26,258	0	0	17	11,881	14,351	9	0
	Patient Days								
	Both Sexes	119,657	0	0	69	52,226	67,321	41	0
	Male	0	0	0	0	0	0	0	0
	Female	119,657	0	0	69	52,226	67,321	41	0
680-709	**XII. Diseases of the Skin and Subcutaneous Tissue**								
	Separations								
	Both Sexes	2,673	132	353	280	401	450	379	678
	Male	1,306	75	196	141	167	257	203	267
	Female	1,367	57	157	139	234	193	176	411
	Patient Days								
	Both Sexes	22,344	845	2,521	1,540	1,948	2,849	3,676	8,965
	Male	10,471	486	1,394	775	848	1,634	2,198	3,136
	Female	11,873	359	1,127	765	1,100	1,215	1,478	5,829

Appendix E-4 — (Continued)

Inpatient Care by Diagnostic Chapter, Age and Sex
(Including Out-of-Province Hospitalization)
April 1, 1982-March 31, 1983

ICD9 Code	Diagnostic Chapter	All Ages	Under 1	1-4	5-14	15-24	25-44	45-64	65+
710-739	**XIII. Diseases of the Musculoskeletal System and Connective Tissue**								
	Separations								
	Both Sexes	8,944	7	86	292	945	1,946	2,587	3,081
	Male	4,255	4	46	139	534	1,148	1,238	1,146
	Female	4,689	3	40	153	411	798	1,349	1,935
	Patient Days								
	Both Sexes	80,274	37	713	1,834	4,149	10,203	21,460	41,878
	Male	32,747	27	349	979	2,330	5,602	9,554	13,906
	Female	47,527	10	364	855	1,819	4,601	11,906	27,972
740-759	**XIV. Congenital Anomalies**								
	Separations								
	Both Sexes	1,602	504	360	306	152	142	91	47
	Male	895	277	229	198	74	60	36	21
	Female	707	227	131	108	78	82	55	26
	Patient Days								
	Both Sexes	16,359	4,076	2,887	1,546	1,768	4,630	880	572
	Male	6,636	2,187	1,538	982	940	361	395	233
	Female	9,723	1,889	1,349	564	828	4,269	485	339
760-779	**XV. Certain Conditions Originating in the Perinatal Period**								
	Separations								
	Both Sexes	4,217	4,091	115	1	2	3	0	5
	Male	2,396	2,321	68	1	1	2	0	3
	Female	1,821	1,770	47	0	1	1	0	2
	Patient Days								
	Both Sexes	35,455	33,889	1,480	1	8	21	0	56
	Male	20,123	19,238	846	1	3	19	0	16
	Female	15,332	14,651	634	0	5	2	0	40
780-799	**XVI. Symptoms, Signs and Ill-Defined Conditions**								
	Separations								
	Both Sexes	12,678	573	1,504	1,392	1,455	1,988	2,354	3,412
	Male	6,049	306	793	689	503	823	1,238	1,697
	Female	6,629	267	711	703	952	1,165	1,116	1,715
	Patient Days								
	Both Sexes	60,104	2,615	6,072	3,856	3,942	6,699	10,950	25,970
	Male	28,686	1,416	3,316	1,789	1,299	2,618	5,533	12,715
	Female	31,418	1,199	2,756	2,067	2,643	4,081	5,417	13,255
800-999	**XVII. Injury and Poisoning (Nature)**								
	Separations								
	Both Sexes	19,671	123	1,404	2,660	4,677	4,016	2,679	4,112
	Male	10,977	71	742	1,686	3,083	2,483	1,431	1,481
	Female	8,694	52	662	974	1,594	1,533	1,248	2,631
	Patient Days								
	Both Sexes	141,313	532	5,418	11,099	21,528	20,674	20,389	61,673
	Male	69,543	326	2,877	7,106	15,090	13,573	11,340	19,231
	Female	71,770	206	2,541	3,993	6,438	7,101	9,049	42,442
V01-V82	**Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services**								
	Separations								
	Both Sexes	19,380	14,348	159	147	602	1,640	972	1,512
	Male	8,684	7,074	85	77	162	244	395	647
	Female	10,696	7,274	74	70	440	1,396	577	865
	Patient Days								
	Both Sexes	105,676	66,436	414	619	2,247	5,875	6,789	23,296
	Male	48,743	33,379	164	340	856	1,302	3,283	9,419
	Female	56,933	33,057	250	279	1,391	4,573	3,506	13,877

Appendix E-4 — (Continued)

Inpatient Care by Diagnostic Chapter, Age and Sex
(Including Out-of-Province Hospitalization)
April 1, 1982-March 31, 1983

ICD9 Code	Diagnostic Chapter	All Ages	Under 1	1-4	5-14	15-24	25-44	45-64	65+
	No Diagnosis								
	Separations								
	Both Sexes	122	3	2	1	14	19	49	34
	Male	61	1	1	1	7	9	26	16
	Female	61	2	1	0	7	10	23	18
	Patient Days								
	Both Sexes	950	12	16	1	54	145	524	198
	Male	527	3	15	1	37	97	306	68
	Female	423	9	1	0	17	48	218	130
Grand Total									
	Separations								
	Both Sexes	221,466	23,806	19,380	15,050	29,078	41,402	34,825	57,925
	Male	96,715	12,409	11,054	8,064	7,858	11,271	17,134	28,925
	Female	124,751	11,397	8,326	6,986	21,220	30,131	17,691	29,000
	Patient Days								
	Both Sexes	1,659,593	133,105	99,290	61,362	131,254	217,314	284,753	732,515
	Male	764,794	71,260	56,795	32,744	40,119	63,242	144,552	356,082
	Female	894,799	61,845	42,495	28,618	91,135	154,072	140,201	376,433

Appendix E-5
Separations, Days and Average Days of Stay For Sixty-three Selected Operations for Saskatchewan Beneficiaries*
(Including Out-of-Province Hospitalization)
April 1, 1982 — March 31, 1983

C.C.P. Code(s)	Operation	Number of Procedures	Number of Days	Average Days of Stay
01-13	**Certain Diagnostic and Therapeutic Procedures**	5,973	61,491	10.3
01	Non-Operative Endoscopy	2,671	26,106	9.8
02.01, 02.21, 02.51, 02.75	Computerized Axial Tomography	27	131	4.9
02.8	Diagnostic Ultrasound	40	135	3.4
	Other diagnostic radiology and related techniques	256	2,620	10.2
08.3	Psychiatric Drug and Shock Therapy	38	1,268	33.4
12	Non-operative Removal of Foreign Body	218	505	2.3
	Other diagnostic and therapeutic procedures	2,723	30,726	11.3
14-18	**Operations on the Nervous System**	1,834	16,850	9.2
16.0	Exploration and Decomposition of Spinal Canal	57	1,597	28.0
	Other operations on the nervous system	1,777	15,253	8.6
19-20	**Operations on the Endocrine System**	319	2,350	7.4
19.1	Unilateral Thyroid Lobectomy	113	687	6.1
19.2	Other Partial Thyroidectomy	114	658	5.8
	Other operations on the endocrine system	92	1,005	10.9
21-29	**Operations on the Eyes**	2,774	13,285	4.8
27.4	Intracapsular Extraction of Lens	1,013	5,345	5.3
27.5	Extracapsular Extraction of Lens	102	613	6.0
	Other operations on the eyes	1,659	7,327	4.4
30-32	**Operations on the Ears**	1,083	2,980	2.8
31.4	Myringoplasty	225	705	3.1
32.0	Myringotomy	490	933	1.9
	Other operations on the Ears	368	1,342	3.6
33-41	**Operations on Nose, Mouth and Pharynx**	6,924	20,233	2.9
33.4	Submucous Resection of Nasal System	95	336	3.5
35.0	Forceps Extraction of Tooth (Multiple or single)	733	2,701	3.7
40.1	Tonsillectomy without Adenoidectomy	1,154	2,879	2.5
40.2	Tonsillectomy with Adenoidectomy	2,596	5,521	2.1
40.5	Adenoidectomy without Tonsillectomy	392	807	2.1
	Other operations on the nose, mouth and pharynx	1,954	7,989	4.1
42-46	**Operations on the Respiratory System**	683	12,120	17.7
47-51	**Operations on the Cardiovascular System**	2,877	29,700	10.3
49.95, 49.96, 49.97	Cardiac Catheterization, All Procedures	683	2,294	3.4
50.4	Ligation and Stripping of Varicose Veins	351	2,267	6.5
	Other operations on the cardiovascular system	1,843	25,139	13.6
52-53	**Operations on the Hemic and Lymphatic Systems**	542	8,078	14.9
54-66	**Operations on the Digestive System and Abdominal Region**	11,364	114,043	10.0
55.5, 55.6, 55.7, 55.8	Partial Gastrectomy, All Procedures	132	2,798	21.2
56.1	Pyloroplasty	138	1,908	13.8
57.5	Partial Excision of Large Intestine	431	8,989	20.9
58.1	Colostomy	72	1,979	27.5
59.0	Appendectomy	1,519	9,217	6.1
61.3	Procedures on Hemorrhoids	614	4,261	6.9
63.1	Cholecystectomy	2,041	22,514	11.0
65.0, 65.1, 65.2, 65.3	Repair of Inguinofemoral Hernia, All Procedures	1,977	11,835	6.0
65.4	Repair of Umbilical Hernia	204	1,160	5.7
65.5, 65.6	Repair of Other Hernia of Anterior Abdominal Wall	324	2,711	8.4
65.7	Repair of Diaphragmatic Hernia (Abdominal Approach)	88	1,156	13.1
	Other operations on the Digestive System and Abdominal Region	3,824	45,515	11.9

Appendix E-5 — (Continued)
Separations, Days and Average Days of Stay For Sixty-three Selected Operations for Saskatchewan Beneficiaries*
(Including Out-of-Province Hospitalization)
April 1, 1982 — March 31, 1983

C.C.P. Code(s)	Operation	Number of Procedures	Number of Days	Average Days of Stay
67-71	**Operations on Urinary Tract**	1,955	20,530	10.5
69.2	Transurethral Excision or Destruction of Lesion or Tissue of Bladder	444	3,618	8.1
70.5	Dilation of Urethra	318	2,826	8.9
	Other operations on Urinary Tract	1,193	14,086	11.8
72-76	**Operations on the Male Genital Organs**	2,971	29,667	10.0
72.1, 72.2, 72.3, 72.4, 72.5	Prostatectomy, All Procedures	1,728	23,011	13.3
75.6	Vasectomy and Ligation of Vas Deferens	79	125	1.6
76.0	Circumcision	301	852	2.8
	Other operations on the male genital organs	863	5,679	6.6
77-83	**Operations on the Female Genital Organs**	8,964	45,584	5.1
78.2	Total Bilateral Salpingectomy	61	272	4.5
78.3	Bilateral Endoscopic Destruction or Occlusion of Fallopian Tubes	175	404	2.3
78.4	Other bilateral Destruction or Occlusion of Fallopian Tubes	762	2,409	3.2
78.5	Other Salpingectomy	186	862	4.6
80.2, 80.3, 80.5	Abdominal Hysterectomy, All Procedures	1,339	13,254	9.9
80.4, 80.6	Vaginal Hysterectomy, All Procedures	438	4,582	10.5
81.01	Dilation and Curettage Following Delivery or Abortion	1,393	2,857	2.1
81.09	Other Dilation and Curettage	2,489	5,608	2.3
81.3	Repair of Uterine Supports	32	261	8.2
82.4	Repair of Cystocele and Rectocele	604	6,175	10.2
	Other operations on the female genital organs	1,485	8,900	6.0
84-87	**Obstetrical Procedures**	18,344	98,083	5.3
86.1	Cervical Cesarean Section	2,522	21,531	8.5
87.0	Intra-amniotic Injections for Termination of Pregnancy	45	100	2.2
87.1	Vacuum Aspiration for Termination of Pregnancy	114	226	2.0
87.2	Other termination of Pregnancy	129	353	2.7
	Other obstetrical Procedures	15,534	75,873	4.9
88-96	**Operations on the Musculoskeletal System**	8,507	93,742	11.0
90.5	Internal Fixation of Bone (without fracture Reduction)	460	9,240	20.1
91.0	Closed Reduction of Fracture (without Internal Fixation)	1,110	5,980	5.4
91.2, 91.3	Open reduction of Fracture, All Procedures	1,118	15,508	13.9
91.7, 91.8	Reduction of Dislocation of Joint	234	1,094	4.7
92.31	Excision or Destruction of Intervertebral Disc	404	4,890	12.1
92.32	Excision of Semilunar Cartilage of Knee	458	1,473	3.2
93.4	Arthroplasty of Knee and Ankle	281	3,132	11.1
93.5	Total Hip Replacement	374	7,587	20.3
93.6	Other Arthroplasty of Hip	290	6,806	23.5
96.0	Amputation of Upper Limb	75	594	7.9
96.1	Amputation of Lower Limb	287	10,388	36.2
	Other operations on the musculoskeletal system	3,416	27,050	5.6
97	**Operations on the Breast**	1,453	8,136	7.9
97.12-97.19, 97.21-97.24, 97.28	Mastectomy, All Procedures	460	4,616	10.0
	Other operations on the breast	993	3,520	3.6
98	**Operations on Skin and Subcutaneous Tissue**	2,297	20,791	9.1
98.2	Suture of Skin and Subcutaneous Tissue	421	1,839	4.4
	Other operations on the Skin and Subcutaneous Tissue	1,876	18,952	10.1
99	**Procedures Not Elsewhere Classified**	46	309	6.7
Grand Total		78,910	597,972	7.6

* Excluding newborns

Appendix E-6
Separations and Patient Days by Age, Sex and Length of Stay
(For Provincial Plan Acute Care Inpatients of General Hospitals Including Out-of-Province Hospitalization)
April 1, 1982 — March 31, 1983

Length of Stay in Days	Newborn		Adults and Children					
			Total		Under 1		1 to 4	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Separations by Length of Stay								
Males								
Total	9,087	100.0	87,628	100.0	3,322	100.0	11,054	100.0
1-3	1,395	15.4	35,894	41.0	1,305	39.3	5,653	51.1
4-9	7,337	80.7	31,462	35.9	1,451	43.7	4,142	37.5
10-19	238	2.6	13,499	15.4	434	13.1	1,000	9.0
20-29	54	0.6	3,461	3.9	82	2.5	167	1.5
30-59	39	0.4	2,433	2.8	43	1.3	74	0.7
60-89	15	0.2	543	0.6	3	0.1	11	0.1
90+	9	0.1	336	0.4	4	0.1	7	0.1
Females								
Total	8,791	100.0	115,960	100.0	2,606	100.0	8,326	100.0
1-3	1,546	17.6	45,360	39.1	1,084	41.6	4,162	50.0
4-9	6,945	79.0	49,212	42.4	1,129	43.3	3,228	38.8
10-19	188	2.1	14,612	12.6	333	12.8	751	9.0
20-29	51	0.6	3,524	3.0	42	1.6	119	1.4
30-59	36	0.4	2,338	2.0	13	0.5	55	0.7
60-89	16	0.2	506	0.4	4	0.2	9	0.1
90+	9	0.1	408	0.4	1	0.0	2	0.0
Patient Days by Length of Stay								
Males								
Total	50,146	100.0	714,648	100.0	21,114	100.0	56,795	100.0
1-3	3,541	7.1	69,038	9.7	2,704	12.8	11,128	19.6
4-9	38,144	76.1	186,702	26.1	8,329	39.4	23,902	42.1
10-19	3,064	6.1	178,734	25.0	5,683	26.9	12,590	22.2
20-29	1,298	2.6	81,452	11.4	1,906	9.0	3,873	6.8
30-59	1,601	3.2	96,446	13.5	1,558	7.4	2,733	4.8
60-89	1,052	2.1	38,724	5.4	236	1.1	799	1.4
90+	1,446	2.9	63,552	8.9	698	3.3	1,770	3.1
Females								
Total	46,592	100.0	848,207	100.0	15,253	100.0	42,495	100.0
1-3	4,101	8.8	87,258	10.3	2,272	14.9	8,149	19.2
4-9	34,999	75.1	285,516	33.7	6,630	43.5	18,598	43.8
10-19	2,513	5.4	192,204	22.7	4,301	28.2	9,543	22.5
20-29	1,204	2.6	83,072	9.8	975	6.4	2,787	6.6
30-59	1,480	3.2	93,152	11.0	523	3.4	2,126	5.0
60-89	1,199	2.6	36,074	4.3	294	1.9	656	1.5
90+	1,096	2.4	70,931	8.4	258	1.7	636	1.5

by Age in Years

5 to 14		15 to 24		25 to 44		45 to 64		65 +	
Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Separations by Length of Stay									
Males									
8,064	100.0	7,858	100.0	11,271	100.0	17,134	100.0	28,925	100.0
5,660	70.2	4,952	63.0	5,918	52.5	5,887	34.4	6,519	22.5
1,963	24.3	2,149	27.3	3,900	34.6	6,656	38.8	11,201	38.7
312	3.9	518	6.6	1,061	9.4	3,206	18.7	6,968	24.1
51	0.6	115	1.5	208	1.8	771	4.5	2,067	7.1
60	0.7	102	1.3	149	1.3	479	2.8	1,526	5.3
11	0.1	16	0.2	29	0.3	102	0.6	371	1.3
7	0.1	6	0.1	6	0.1	33	0.2	273	0.9
Females									
6,986	100.0	21,220	100.0	30,131	100.0	17,691	100.0	29,000	100.0
4,851	69.4	10,133	47.8	12,721	42.2	6,266	35.4	6,143	21.2
1,755	25.1	10,104	47.6	15,082	50.1	7,022	39.7	10,892	37.6
288	4.1	795	3.7	1,884	6.3	3,210	18.1	7,351	25.3
40	0.6	116	0.5	276	0.9	701	4.0	2,230	7.7
34	0.5	59	0.3	138	0.5	393	2.2	1,646	5.7
12	0.2	10	0.0	12	0.0	57	0.3	402	1.4
6	0.1	3	0.0	18	0.1	42	0.2	336	1.2
Patient Days by Length of Stay									
Males									
32,744	100.0	40,119	100.0	63,242	100.0	144,552	100.0	356,082	100.0
10,621	32.4	8,906	22.2	11,054	17.5	11,499	8.0	13,126	3.7
10,636	32.5	11,805	29.4	22,299	35.3	40,146	27.8	69,585	19.5
3,951	12.1	6,845	17.1	13,577	21.5	42,386	29.3	93,702	26.3
1,217	3.7	2,688	6.7	4,929	7.8	18,127	12.5	48,712	13.7
2,553	7.8	3,958	9.9	5,768	9.1	18,955	13.1	60,921	17.1
776	2.4	1,144	2.9	2,009	3.2	7,127	4.9	26,633	7.5
2,990	9.1	4,773	11.9	3,606	5.7	6,312	4.4	43,403	12.2
Females									
28,618	100.0	91,135	100.0	154,072	100.0	140,201	100.0	376,433	100.0
9,294	32.5	18,709	20.5	23,953	5.5	12,272	8.8	12,609	3.3
9,630	33.7	54,474	59.8	84,832	55.1	43,520	31.0	67,832	18.0
3,688	12.9	9,959	10.9	23,595	15.3	41,996	30.0	99,122	26.3
937	3.3	2,746	3.0	6,460	4.2	16,429	11.7	52,738	14.0
1,352	4.7	2,400	2.6	5,436	3.5	15,200	10.8	66,115	17.6
830	2.9	740	0.8	861	0.6	4,012	2.9	28,681	7.6
2,887	10.1	2,107	2.3	8,935	5.8	6,772	4.8	49,336	13.1

Appendix F
Interprovincial Comparisons and Selected Statistics For Saskatchewan Hospitals

Appendix F-1
Hospital Rated Beds in Canada and the Provinces by Type of Hospital and Number of Beds Per 1,000 Population, 1981-82
(Excluding Mental and Tuberculosis Hospitals)

Hospital Location	All Hospitals		Total Public		General		Rehabilitation, Extended Care		Pediatric		Other		Proprietary† Hospitals		Federal Hospitals	
	No	Beds Per 1,000*	No	Beds Per 1,000*	No	Beds Per 1,000*	No	Beds Per 1,000*	No	Beds Per 1,000*	No	Beds Per 1,000*	No	Beds Per 1,000*	No	Beds Per 1,000*
Canada	166,907	6.8	161,945	6.6	124,126	5.1	32,479	1.3	2,712	0.1	2,628	0.1	2,137	0.1	2,825	0.1
Saskatchewan	**7,950**	**8.0**	**7,890**	**8.0**	**6,829**	**6.9**	**1,061**	**1.1**	–	–	–	–	–	–	**60**	**0.1**
British Columbia	19,145	7.0	19,138	7.0	16,265	5.9	2,642	1.0	82	**	149	0.1	7	**	–	–
Alberta	16,520	7.4	16,491	7.4	12,098	5.4	4,089	1.8	128	0.1	176	0.1	–	–	29	**
Manitoba	6,600	6.4	6,093	5.9	5,672	5.5	401	0.4	–	–	20	**	–	–	507	0.5
Ontario	49,536	5.7	48,545	5.6	40,972	4.8	6,233	0.7	999	0.1	341	**	487	0.1	504	0.1
Quebec	52,746	8.2	49,913	7.8	29,329	4.6	17,874	2.8	950	0.1	1,760	0.3	1,643	0.3	1,190	0.2
New Brunswick	4,328	6.2	4,328	6.2	4,308	6.2	20	**	–	–	–	–	–	–	–	–
Nova Scotia	5,530	6.5	5,418	6.4	4,917	5.8	52	0.1	323	0.4	126	0.1	–	–	112	0.1
Prince Edward Island	727	5.9	727	5.9	662	5.4	65	0.5	–	–	–	–	–	–	–	–
Newfoundland	3,255	5.7	3,255	5.7	2,927	5.2	42	0.1	230	0.4	56	0.1	–	–	–	–
Yukon	157	6.8	–	–	–	–	–	–	–	–	–	–	–	–	157	6.8
Northwest Territories	413	9.0	147	3.2	147	3.2	–	–	–	–	–	–	–	–	266	5.8

* Calculated by SHSP on the basis of Statistics Canada Postcensal estimate of population June 1, 1981
** Less than 0.05 per 1,000
† Type of Proprietary beds in Canada:

General	241
Rehabilitation, Extended Care	1,797
Other	99
Total	2,137

Source: Statistics Canada – 1981-82 Preliminary Annual Report: Rated Bed Capacity of Reporting Hospitals (except Saskatchewan)
– Saskatchewan – SHSP Statistics

Appendix F-2
Comparative Table of Selected Indices for General Hospitals* for Provinces and Canada (Ranked)
(for the year ended March 31, 1982)

Hospital Location	Separations Per 1,000 Population** Rank	Separations	Beds per 1,000 Population** Rank	Beds	Average Length of Stay per Separation Rank	Days	Cost per*** Patient Day Rank	Amount
Canada		139.2		5.1		10.4		$ 244.69
Saskatchewan	**2**	**208.1**	**1**	**7.0**	**7**	**9.3**	**9**	**196.59**
British Columbia	6	150.8	3	5.9	2	11.5	7	216.86
Alberta	4	158.6	6	5.4	9	7.7	2	275.79
Manitoba	5	152.3	5	5.5	6	9.5	4	251.17
Ontario	9	141.2	9	4.8	5	10.1	6	237.68
Quebec	10	106.6	10	4.6	1	12.4	3	269.47
New Brunswick	3	167.1	2	6.2	3	10.3	8	211.07
Nova Scotia	7	150.5	4	5.8	4	10.2	5	250.72
Prince Edward Island	1	208.8	6	5.4	10	7.1	10	167.82
Newfoundland	8	145.7	8	5.2	8	8.8	1	302.15

* Excluding northern outpost, rehabilitation and extended care and maternity hospitals.
** Calculated by SHSP on the basis of Statistics Canada postcensal estimate of population June 1, 1981.
*** Average cost of operating expenditure including building depreciation and interest.
Source: Statistics Canada – 1981-82 Preliminary Annual Report

Appendix F-3
Average Number of Full-Time Employees* in Saskatchewan General Hospitals and Paid Employee Hours Per Patient Day For Selected Years

Employee	1976	1980-81	1981-82	Percent Increase 1981-82 over 1976	Percent Increase 1981-82 over 1980-81	Average Annual Percent Increase (1976 to 1981-82)
Nursing Staff	5,434	6,079	6,218	14.5	2.3	2.7
Other patient care staff	1,325	1,545	1,603	21.1	3.8	3.9
Educational — staff and students	173	153	159	(8.1)	3.9	(1.7)
Administrative Personnel	981	1,139	1,108	13.0	(2.7)	2.5
Dietetic, Laundry, Linen and Housekeeping Staff	2,251	2,325	2,320	3.1	(0.2)	0.6
Plant and Other Staff	518	584	611	18.0	4.6	3.4
Total	10,682	11,825	12,019	12.5	1.7	2.4
Paid Employee Hours Per Patient Day	12.9	13.0	11.9**	(7.8)	(8.5)	(1.6)

* Paid employee hours divided by an average of 2,050 hours per employee in 1976 and 1958 hours in 1980-81 provides the average number of full-time employees. In 1981-82 1948.8 hours per nursing position and 1957.5 hours per year for all other positions were used to compute the average number of full-time employees. These figures do not include student nurses and certified nursing assistants.

** An inflated number of patient days due to the transfer of responsibility for Level 4 patients from SHSP to Saskatchewan Social Services as well as a reduction in hours worked per week decreased the total employee paid hours per patient day in 1981-82.

( ) Indicates a decrease

Source: SHSP Statistics

Appendix G
Acts Administered by the Plan

The Hospital Revenue Act

This Act is designed to raise revenue for hospitals by providing the legislative authority required to levy a tax in areas of the province presently not contributing toward the support of a hospital. The revenue received annually under this Act is distributed among the hospitals in the province pursuant to the formula established by the regulations made under this Act. For additional information refer to page 17.

The Health Services Act

This Act provides the legislative authority necessary for the payment of hospital construction grants, the establishment of committees, and the appointment of consultants by the Minister of Health. Authority for the establishment of health regions, and the provision of health services through municipal schemes or other associations is also found in this Act.

The Saskatchewan Hospitalization Act

This Act provides the legislative authority required to register residents of the province and to provide payment to hospitals and certain other institutions for services rendered to residents of Saskatchewan. Payment for these services is made from The Saskatchewan Hospitalization Fund which is established under this Act. For additional information refer to page 7.

The Hospital Standards Act

This Act and regulations thereunder provides the legislative authority for the maintenance of minimum patient care standards and the inspection of hospitals. For additional information refer to page 15.

The Union Hospital Act

This Act provides the legislative authority for the municipalities and areas to unite in the establishment of union hospital districts. The Union hospital board of each district is authorized by the Act to construct or otherwise acquire and operate hospitals. Union hospital board activities are financed by the union hospital district. For additional information refer to page 17.

Appendix H

Glossary

Active Treatment Care or Acute Care. See Levels of Care: Level 6.

Adults and Children. All inpatients of hospitals except newborn.

Approved Average Daily Census. (See also average daily census). The average daily census approved by the Plan as reflecting the necessary bed need for a specific hospital. Payments to a hospital for operating purposes are based on this approved average daily census.

Approved Hospital. A hospital approved by the Minister of Health under The Hospital Standards Act.

Average Daily Census. The average number of inpatients during any given period of time. It is calculated by dividing the number of patient days (other than newborn) during the period by the number of calendar days in the period.

Average Days of Stay. The average number of days that inpatients stay in hospital. It is calculated by dividing the number of patient days for separations by the number of separations during a given period.

Base Hospital. A general hospital which serves as a district or community hospital for the local population. It provides a wider range of services than a regional hospital and therefore serves as an ultimate referral centre in the province. It also performs a major role in research and education.

Beneficiary. A person who is entitled to the benefits provided by the Plan.

Community Health and Social Centres. Community based facilities that provide a balanced, co-ordinated, preventive and curative health and social program bringing together essential health and social services that communities require on a day to day basis.

Community Clinics. Consumer oriented health organizations operated by an elected board of directors that provide a comprehensive health service, including medical services in one facility.

Covered Population. The total number of persons eligible for benefits.

District or Community Hospital. A general hospital that serves the population of the local area. It provides a smaller range of service than a regional hospital.

Extended (Chronic) Care. See Levels of Care: Level 4.

Federal Hospital. A general hospital owned and operated by the government of Canada and for which part of the operating costs are paid by the Plan.

General Hospital. A hospital which provides facilities for the diagnosis and treatment of a wide range of diseases and disabilities.

Inpatient. A patient who is admitted to a hospital for the purpose of receiving diagnostic or treatment services in the hospital and to whom a bed or bassinet is allocated.

Insured Population. Total number of persons eligible for benefits.

Levels of Care

Level 1 — **Supervisory Care.** This level of care may be provided in a room and board situation for persons who, in addition to full maintenance and laundry service, required some guidance or supervision with activities of daily living. Staff time for care averages 20 minutes per day. Level 1 care is not a benefit under the Plan.

Level 2 — **Personal Care.** Persons requiring this level of care may need supervision and assistance with personal hygiene and grooming. They must be safely ambulant with or without mechanical aids or independent at the wheel chair level, are usually continent and able to feed themselves. Some supervision and direction may be required for behavioral problems. Staff time for care averages 45 minutes per day. Level 2 care is not a benefit under the Plan.

Level 3 — **Basic Nursing Care.** This level of care is usually associated with persons having an advanced physical or mental illness that is reasonably stabilized and which is not expected to deteriorate in the near future. All degrees of supervision and assistance may be needed in the activities of daily living supplemented by basic nursing care. Care at this level is directed by the attending physician and carried out under the supervision of an R.N. or R.P.N. Staff time for care averages 2 hours per day. Level 3 care is not a benefit under the Plan.

Level 4 — **Extended Care.** This level of care does not require acute hospital care and treatment but does require regular and continuous medical attention, highly skilled technical and nursing personnel provided, under appropriate supervision on a 24-hour basis. Level 4 care is not a benefit under the Plan.

Glossary (Continued)

Level 5 — **Rehabilitation Care.** This level of care is provided to persons with physical disabilities resulting from injuries, illnesses, or congenital conditions who require active, aggressive rehabilitation provided by a team of rehabilitation personnel under the direction of or by consultation with a specialist in physical medicine. It is designed to restore or improve functional ability. This level of coverage is an insured benefit under the Plan.

Level 6 — **Acute Care.** This type of care involves 24-hour medical/nursing supervision for diagnosis and treatment and is provided in general hospitals. This type of care is a benefit under the Plan.

Newborn. An infant live born in the hospital, or admitted with the mother who was admitted for maternity service, for the period of its continuous stay in the hospital.

Other Facility. An approved facility other than a general hospital that provides one or more insured services.

Outpatient. A person other than an inpatient who received diagnostic or therapeutic services from a hospital or other facility.

Patient-Day. The period of service to an inpatient between the census-taking hours on two successive days; the day of admission is a patient day, but the day of separation is not a patient day. When the patient is admitted and separated on the same day, one patient day is counted. The statistical tables contain patient days attributable only to those patients who have separated.

Rate of Payment. The amount the Plan pays a hospital for standard ward level care and outpatient services, which the hospital provides to the Plan's beneficiaries (paid in equal semi-monthly instalments.)

Rated Bed Capacity. The maximum number of beds which according to the Minister of Health should be set up in the hospital.

Regional Hospital. A general hospital which serves as a district or community hospital for the local population. It provides a wider range of services than a district or community hospital and therefore serves as a referral hospital for persons outside its local area.

Rehabilitation and Extended Care Hospital. A hospital which provides facilities for the treatment, recovery and rehabilitative care of patients disabled by illness or injury, or for the prolonged treatment of patients with chronic or long-term conditions.

Separation. The discharge or death of an inpatient.

POOR

QUALITY

ORIGINAL